

# Ars Medica

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*FRONT COVER: Feverfew, 11" x 15", mixed media on mylar and watercolour paper.*

*BACK COVER: Borage and Asparagus, 11" x 15", mixed media on mylar and watercolour paper.*

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# Editorial

**W**e founded this journal as a forum for narratives of illness and recovery in the belief that we all take our turn in the alternating roles of the sick and the well, and the ability to tell our story is only as developed as our ability to appreciate the stories of others. The practising physicians on this editorial team were already aware of how important the telling of the narrative of illness was to the course of recovery. As passionate readers we already knew how nourishing stories were to our well-being. But it wasn't until we began reading submissions and engaging in editorial dialogue with our contributors that we discovered the disconcerting similarity between creating a piece of writing or art about illness and actually being ill. That means that there are parallels in facilitating the recovery as well. Helpful editing of a piece of writing depends on very alert awareness of the writer's condition, just as helping a patient requires acute attentiveness to his or her state.

Gratifying as the creative process is, it also begins with a problem. Something inside nags. Until it finds expression, it develops internally, making itself felt in ways that can be pleasant and dreamy, irritating and distracting, or deeply agitating and frustrating. When we say that a story begins from a "germ" of an idea, we touch on the parallel between infection and creative expression. Each has its risks, emerges with a degree of suffering, and resolves in celebration.

We as editors occasionally enter into a contributor's creative process when the recovery is not quite complete. Submissions can be extremely promising but not quite fully communicative, somehow puzzling or inconsistent or unfulfilled. Dedicated as this publication is to recovery, it would not be editorially sporting to simply reject submissions that are almost well. So we have tried to develop a more narrative approach to our editorial process. Where we think we have something to offer that might support a cure, we engage in a dialogue with writers and artists who submit to us.

There are no protocols or prescriptions for this kind of process. We simply suggest why we feel the piece has not fulfilled its promise in the hopes that providing the reaction of an attentive reader will offer the writer a direction to follow in search of a solution. Sometimes we only create resistance, as the writer asserts why the piece cannot be changed. This in itself is not an impasse, for it invites us to reread and rethink. In other cases, a gratifying collaboration begins. Several pieces in these issues have been the outcome of these consultations.

Although recovery might be facilitated by the physician or other practitioner, health is the achievement of the person with the complaint. The same is true for the editor and the writer. We may occasionally intervene effectively, but the success belongs to the writer. And that success is achieved when the writer arrives at a statement of pure truth, whether it is fiction, prose, poetry, a narrative of illness, or a visual rendering. The feeling for the reader or viewer is unmistakable when the journey reaches the location of truth. This is so powerful in some pieces that as editors we are required to do nothing but receive and accept them. It is not the drama of the subject matter, but the intensity of the writer's commitment that conveys this power.

While illness resides within a single body, it affects more than the afflicted individual, and recovery is also a blessing to everyone connected to the sick person, including those who attempt to be the healers. When a contributor renders his or her experience as fully and meaningfully as possible, all of us—editors, contributors, and readers—feel a sense of triumph. We each learn something new about the impact of illness, the experience of embodiment, the vibrating chords connecting the ill and the well, and we are reminded of the transience of both conditions. When we actually help facilitate that, not only by providing this publication as a venue, but by serving as readers and commentators to our contributors, we feel enriched and, in a sense, as if we have recovered from something ourselves. Being presented with a piece that doesn't quite hit the mark is a diagnostic challenge, and until the malaise is identified we feel a bit susceptible; the creative impasse feels infectious.

In this issue, several writers engage with the struggle of loved ones with mental illness, and of loss to suicide, such as the short story by playwright and psychiatrist Richard Brockman, dramatically written from the sensi-

tive yet partial perspective of the child. Nancy Richler also writes poignantly about terminal illness, loss, and the generative potential on creative (re)productivity. We also have a number of noted authors who are also physicians—Kevin Patterson, Daniel Kalla, and Peter Clement—who reflect on the process of narration and its relation to their lives and identities as physicians. As always we also try to search out visual narratives. Rose Adams's series *Historic Botanics*, made while she was artist in residence at the Queen Elizabeth II Memory Disability Clinic, tells part of the story of the treatment of dementia. Poetry by Rick Kempa and a narrative by Alvin Abram provide other angles on this narrative theme. With all of the writers who have engaged with us, we feel a community of collaboration. And, if *Ars Medica* is seen as a site of illness and doom, it is equally true that we strive to be a site for communion and of movement toward wellness and an appreciation of health.

# Consumption

*Kevin Patterson*

It was only later that things started going wrong in their marriage. There was a fourth child, a boy. His fate was never discussed by Robertson and Victoria, but lay between them nonetheless. The pregnancy had been the easiest of them all. When Victoria began labouring at home she had called her mother to come over to stay with the kids and then she picked up her things and walked to the nursing station.

When the nurse called Dr. Balthazar—who by this time had delivered his share of babies—he wanted to know if he could arrange a medevac. No, the nurse informed him, there wasn't time. Ten minutes later he arrived, with the wild-eyed, unfocused look he commonly wore when called unexpectedly from his apartment. He washed his hands and put on a gown and Victoria joked with him that one of these days he was going to realize that she had easy babies and that he didn't need to get so worked up. They both looked up as they heard Robertson arriving at the nurses' station, bantering with the clerks, and at ease.

The first stage was done in an hour, and she felt the baby moving through her with vigour and strength. She loved him already, knew he was a boy. When she had told this to her mother after the ultrasound, Winnie had named him Anguilik, after her own father, who, with this name, would now be reborn. She had touched her head respectfully to her daughter's belly and whispered, "Welcome back, Father." The story of how Emo and Anguilik had met, one spring evening on the ice outside Repulse Bay, when Emo had come north looking for a wife, was part of the family's mythology. The idea of Anguilik's return to them delighted everyone except Robertson. But he knew better than to mock these ideas aloud.

When Victoria had left her mother to waddle over to the nursing station, Winnie had been weeping already, and Victoria had hugged her for a long time—until the strength of the contractions grew to the point that they could not be ignored. Winnie’s father, dead twenty years, had been the informal leader of his little band; the young people no longer spoke of him, but everyone over forty remembered his name. Victoria’s son was eagerly awaited. At the grocery store the week before, she received more congratulations and inquiries into her health than she had with the other three put together. She was uncomfortable with this for two reasons: she had grown accustomed to her near invisibility in the town; also, she was old enough to remember the presumption that babies generally do not survive, that they haven’t even begun to decide whether they’ll stick around until their fontanelles have closed up together with the easy exit skyward.

And then the baby crowned, and his head emerged and Balthazar grinned at her. The nurse inhaled sharply. Robertson spun his head to where the nurse pointed, as did Balthazar. The baby’s head had retracted back inside Victoria to his ears. “Turtle sign,” Balthazar and the nurse whispered at the same moment. The nurse pulled Victoria down to the very edge of the bed and, lifting her knees back to her chest, pushed on her abdomen as Balthazar gripped the baby’s head and heaved. Robertson blanched. The nurse called for help then and, when the second nurse arrived, hissed “shoulder dystocia” to her. The new nurse gripped Victoria’s other leg and pressed likewise upon her, as Balthazar desperately fumbled.

When a baby’s shoulders are too large to clear the mother’s pelvis, there are ten minutes to act and only ten minutes. The umbilical cord is squeezed closed in the birth canal and the child cannot expand his chest enough to breathe, and grows steadily more blue until he is delivered, whole and in time—or in parts. Bringing the knees to the chest is the first move, hanging the buttocks off the end of the bed is the next—these change the relevant angles favourably. When this does not work, the physician can twist the baby around in the birth canal, in the aptly named “corkscrew” manoeuvre. When this does not work, sometimes fracturing the child’s collarbones will allow the shoulders to roll in enough to be delivered. By this stage, all measures are desperate. In a city hospital, with an anaesthetist standing in the next room, and a surgeon right there, a Caesarean section can be life-saving. But ten minutes goes fast.

Blood ran from Victoria in a steady stream; she grew paler and paler, and the child, the grapefruit-sized ball of his head just poking from her, grew bluer and bluer until he was almost the colour of an aubergine. No operation was possible there, and when the sequence of relevant steps pursued methodically did not work, Balthazar became frozen with grief, moving more slowly not less, and what happened was, the baby died.

When her son had finally been pulled from her, Victoria held out her arms and Balthazar, weeping, placed the dead baby in them. She put the baby to her breast, shuddering and whispering, "Eat, baby. Please eat . . ." Tears ran steadily down her cheeks and off her chin and onto the baby's head. Robertson stroked her hair, whispering, "Shhhh, Victoria, you're going to be okay. Everything's going to be okay." His relief that she had survived, to continue to tend to him and his other children, struck her at that moment as inconceivably self-absorbed. With her last bit of strength she hissed at him, "Get out of here!"

His head flew back with a snap.

When he did not immediately move, she shrieked, "Get him out of here!" And he rose from his position hunched on the father's stool and left the room, under the gaze of the horrified nurses and the doctor, himself paralyzed with grief and shame.

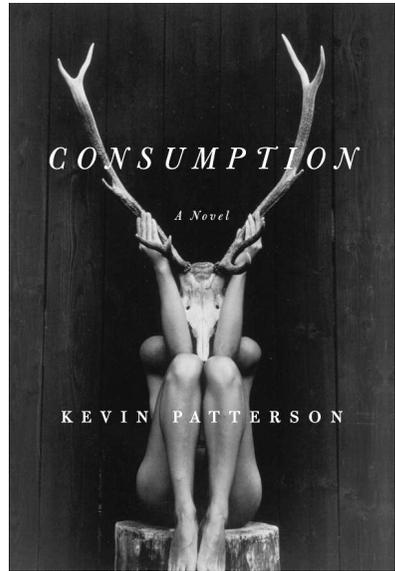
When Balthazar visited her a few hours later, Robertson had not returned. "Victoria," the doctor began. "I did not act as quickly as I ought to have . . ." But she did not have enough energy to assuage his guilt and turned away from him on her stretcher. "It's no one's fault," she said. And until much later, when she knew him better, she believed that.

Victoria's parents and the priest and the other mothers in the hamlet attributed the death of her son to, variously, God's will or Victoria's excessive pride. But it wasn't fated that her boy should die. Her boy was meant to grow up strong and handsome. He was supposed to have married Faith Nakoolak's oldest daughter, who was not born either, as a consequence of the frayed strands of fortune. Faith was meant to have survived, and so was Victoria's boy. They were supposed to live, and be happy. He was to have been Victoria's favourite child, and this would have been apparent, though she would have denied it. He was also supposed to have been Robertson's

son in a way that Pauloosie could never be. He was supposed to have been the child that held them all together.

In dying, he ruptured Victoria from Robertson, flaked her away from him like a leaf of shale. Robertson was attentive enough when Victoria returned home the next day. He had sent the kids to neighbours, and had cooked a meal. But the truth was Victoria's intuition had been right—he was relieved that his wife was safe, had not much wanted another child. Alongside Victoria's grief, he was outrageously unperturbed. He would not grieve for the little boy, his own son, her own grandfather. And each time he assured her stupidly that “everything was going to be okay,” he made it more and more certain that they never would be. Made it more and more clear that he really was as foreign, and as selfish, as he seemed.

Everything changed in a moment, for them. Like a summer frontal system crossing the sun.



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# My Father's Polio

*Patricia F. Goldblatt*

On Labour Day Weekend 1948, when I was eighteen months old, my father came down with polio. He called a cousin who was a doctor because his own doctor was away, was upbraided for complaining, mowed the grass of his new house, and collapsed.

When I was in my teens, my mother parcelled out these details. She said that I stole a lozenge from his nightstand, one that he had recently discarded, too exhausted to even finish it. They had waited for signs of illness to appear in me.

She confided these morsels because I did not remember them. She showed me photos, and I gradually constructed meaning from them, imagining how the curly headed tot felt, beside the worn woman in a gingham dress and the seated man who appeared to have had the air punched out of him. Each seemed in a private world, separate, unable to relate. Each was as closed as a mussel shell. As an adolescent listening to these histories, I, too, was enclosed in an uncomfortable world, trying to piece together who I was, and what this tenuous relationship was with my strong-willed father.

As the stories of my developing life were disclosed, I recreated deeply hidden dread and pain that I thought an eighteen-month-old child might experience when her father disappeared for almost a year into Riverdale Isolation Hospital. I tried to relive a child's shock when ambulance sirens came and my father abruptly disappeared.

Could the adolescent-me understand her father's sardonic wit as he revealed that he could see public hangings from his hospital window? Was his rare confiding in me an attempt to bring father and daughter closer, or

just a quiet recollection that somehow leaked out from darkling memories preferably forgotten?

As I approach sixty, I am attempting to locate phantom scenes from my past to explain my present. In bits, I try to recreate and better understand my relationship with my father through narratives that had been decanted to me like rare and bittersweet wines.

My mother often told me that she had visited my father in the hospital every single day for the nine months he was in that strange world populated by other polio victims. She had written letters every night, too, while working early morning hours as a bookkeeper.

En route to see my father, my mother would deposit me at my grandmother's, a detour from the hospital, and was admonished not to stop for coffee, but to come back as fast as she could to reclaim her child. It was a long ride from North Toronto by bus and streetcar, first to my grandmother's and then to Riverdale Hospital, but every day this frail but determined woman completed the cycle. Knowing how my father adored my mother, I surmised that her visits kept him going, the only time he might have smiled in the deadening routines that had become his life. From the moment he met her he had known that this was the girl he would marry.

When I was sixteen, I found correspondence from those black days in the bottom of a mahogany chest in their bedroom. His handwriting was shaky. He had learned to write with his opposite hand when polio destroyed his good one. He repeatedly commented on how terrible his writing was, but I did not respond, thinking that to agree would hurt and make him think I pitied him. He hated to be pitied. So I looked away. In my mind's eye, I want to look away from the image my mother shared of him rolling out of bed the first night he came home from hospital, muttering that he would have preferred to die.

There were so many things he had to relearn. Perhaps I thought I could come closer to this solitary man by emulating his cold, detached behaviour, keeping the hurt out of sight. Only as an adult could I realize that his impenetrable surface was armour to protect broken dreams. How could I calculate the impact of an illness on a man six feet tall, dark-eyed and curly headed with his life ahead of him, a person who at twenty-eight believed that his talents, good looks, and intelligence were enough to ensure a future of promise?

Once a drill bit deeply punctured his arm as he was making plates for the amplifiers he built and perfected for wealthy homes and university music labs. He got his jacket, said goodbye to my mother, and drove himself to the hospital, uncomplaining. I did not find this behaviour surprising.

Like a ghost who never leaves, polio had lingered in our home, returning when my father was in his sixties to remind him that any hard-won independence was to be sucked back, and ruined muscles would be further drained of energy, further atrophied. But in his sixties, he was brave, even valiant, swimming at Sunnybrook Hospital, even laughing a bit at the contraption that lifted him in and out of the pool. He loved to swim because he could stand and move by himself, unencumbered, in the pool. He was free of supports. It buoyed his spirits. He hated the ghost who had stolen his legs and weakened his once-powerful body.

A taciturn man, he covered any bare surface he could find with squiggles that resembled pieces of kinky hair. These knotted doodles represented innovations in circuitry in audio engineering. My father's pencil marks embellished the tops of cake boxes and the margins of magazines as he turned his thoughts into problem-solving diagrams. He would knit his brows and focus inward. Removed from the vagaries of daily living, he bent over his resistors, wires, tools, tubes, and circuit boards, unconcerned about appearances, time, or money.

He associated me with his least favourite sister. She talked about art in an elitist, affected jargon, pointing out to him, time and again, how uncouth, how uncultured he was. My mother confided other reasons for his contempt for her: that she would not help fund a trip to Georgia's Warm Springs where Franklin Delano Roosevelt had grown stronger. He never went.

My fledging art encouraged by his hated sister began to appear on phone books or random pads. He called my drawings "muckah-puckah." *His* drawings of electronic circuits were serious, productive. Being involved in the arts was an indictment, considered frivolous.

Yet one day he arrived home with a large and expensive art book that I had been wanting. The only place it was available was on Queen Street, a street so busy and inaccessible to a man on crutches—and long before handicapped parking—that I wondered how he had managed this quest. Stranger still, I could not fathom how he had carried it from the store, as he needed his hands to grip his crutches, while swinging his wasted legs.

He had practised swinging his legs from his hips, something else he had to relearn. The Sister Kenny method, my mother called it.

He merely handed the art book to me with a half smile, no words. So many years later, I can see him framed in the doorway. I managed to blurt out, "Oh Daddy, how did you know?" although I had spoken of nothing else since my art teacher had written down the name of the book. I accepted this gift as if my father were rich, able-bodied, knowledgeable in matters of art and in tune with the soul of a fourteen-year-old girl. I did thank him, but I did not kiss him.

Now I wish I had reached up to touch his stubbled cheek. I wondered if perhaps I had kissed him. Hoping that my remembered surprise had erased this important detail, I asked my eighty-four-year-old mother. She confirmed the picture I had carved in my head: "No. You did not kiss him."

Did I feel I would embarrass him if I fussed, opening myself to another accusation of being too sensitive? Even today, I cannot revisit this memory without tears. My father often scolded me for being too sensitive, admonishing me, complaining that I cried too easily. When he sat beside me, teaching me chemistry or attempting to instruct me in how to drive a car, his voice was sarcastic, impatient with my slow learning, particularly in the sciences he adored.

Was I transfixed by his feat of acquiring the art book, tacitly knowing, even as an adolescent, the sheer enormity of the task? I wonder if he felt as if he had climbed Everest to bring me such a gift. I remember his quiet half smile. I, too, have always been quiet, loving words but preferring to write them and hear them in my head. I have his brown eyes, his beautiful smile. He smiled that day. I remember that.



*With my father, after his return from hospital*

Every day, he wore grey shirts and ties, grey pants. They set off his looks, Semitic, Spanish, Mediterranean, macho. He was solitary but not lonely, handsome even as he aged, totally absorbed by the work he loved. At his cluttered workbench, he was the picture of the watchmaker. Here he sat, free of the ghost that was never far.

As an adult, I can understand, at least intellectually, how a twenty-eight-year-old hunk of a guy would react with bitterness and scorn when the future had been altered forever. Not to be able to walk unaided ever again, literally brought to his knees, no, right to the ground, rendered helpless in his prime. In my imagination I want to curl up in his lap and say, "Daddy, I am here. I will help you." I apply the standards of today that parents are easy with hugs and kisses: more friends than strict progenitors.

He coped with his life; he made adjustments; he built things; he concocted machines; he worked at reshaping reality. He tinkered with cars and streamlined them, those keys to his independence. He polished them, keeping them pristine, unlike his cluttered workbench. Those cars were extensions of himself, his legs, to demonstrate that he could function as any man and support his family.

He drove every evening to install or repair his audio equipment and the televisions he sold. Sometimes he fell in the snow, his crutches sliding out from under him. He hated to be seen as vulnerable and prone, unable to hoist himself, yet refusing any help to pull himself erect again.

He had occasional helpers to carry his tools, but they were not serious workers. His expectations, his demands, and his intensity would have driven away most apprentices. I doubt he would have wanted to share the secrets of his trade, always impatient with those less talented than he.

He believed in his own superiority in his work, and he was right. Even as a little girl, I saw people coming and going to our store to consult with him, asking the most difficult questions that no one else could answer. He did not profit from this help he gave them. It was simply the pleasure of mentoring and expressing his knowledge. He savoured this intellectual exploration. He was the guru at Tele Sound, his shop, spending long hours in explanation, enjoying focused conversations. I stood in the hallway, transfixed by lively, passionate conversation, my father easily smiling, even laughing, approachable and friendly, a man I rarely knew.

I did not ask for stories, although I wanted to hear them. I wanted to

listen to stories about me, my place in the scheme of things. Yet I feared the stories because I knew I could not hope for happy tales. I knew not to ask too many questions. There was a feeling, a look, words cut and measured carefully as if too many would cause things to spill out dangerously, causing pain, depression, and piercing silences.



*With my father and a grandchild*

As I search for demonstrations of his outward affection for me, I cannot locate them in my memory. At sixty, I ask my mother, who also finds none. I know I must not try to understand him from a contemporary perspective, yet it is a quest to which I return when I seek solace and belonging. I continue to attempt to rearrange the fragments of stories in order to comprehend my father, and the polio that changed our lives.

The narratives are confusing and ambiguous, but I replay them in my head:

I had just turned two, on Christmas. I had not seen my father for four months since that Labour Day weekend, but because it was Christmas, I was permitted a visit. When we arrived, Big Nurse changed her mind and refused me a chance to be with my father. I was held up to a small window so he could see me. My mother told me that I cried at the window, cried on the long bus ride home, and cried myself to sleep from exhaustion.

An aunt told me there was a Christmas tree at the hospital, and to pass the time, she held me up to see the lights and decorations. I reached for a shiny red ornament and it shattered in my chubby palm. My aunt had to extract the slivers from my hand before my mother returned from seeing my father. She never told my mother of the incident. Indeed, in my mother's stories of my birthday visit, she never even mentioned my aunt.

The details of both tales seem realistic and appropriate: tree, ornament, window, Big Nurse. Both stories appear to be true. But I want to pry these morsels apart and discover more about myself. I want to know more details, but with each new crumb, I dive deeper into myself, experiencing deep ache.

In Grade 12, I wrote a story in my English class about a boy with polio, a boy who wore a St. Christopher's medal with which he squished the life out of insects. He perched on a hill, looking down on his school chums, watching them silently and mocking them. It was an outstanding story and my teacher told me to read it to the class, but I was shy and my voice shook so badly that when I took my seat, the teacher told the class that the reading had ruined the story.

There was another bitter hospital narrative. It must have been my father who told it, as I can still feel how blackly he expressed his embarrassment to be held captive, almost naked, unable to move from an examination table, the topic of study as a former classmate, now an intern, accompanied the doctor at Riverdale Isolation Hospital. A fine specimen for polio investigation, they must have thought. I feel my father's pain, outrage, despair, a bug pinned to the wall. He had told me that as the nerves in his body were being destroyed by polio, he was able to project the unbearable pain onto a night table beside his hospital bed, detaching his mind from his body, deadening himself.

I have heard, but cannot know the extent of the medical miscalculations, humiliations, the disregard, the suffering endured by polio victims like my father. Yet these are stories I seek out to make my own, stories I cannot remember when or why I know.

My mother's strange words of consolation were to be thankful that he did not need an iron lung, because with his asthma, he would not have survived.

I was curious as a girl and rebellious as an adolescent, but as an adult I see threads that wind throughout my life. Always I wanted to know more about my father's illness, yet I needed to hold back, afraid to investigate because the knowledge I might find would only hurt.

As an annoying teenager, I wanted my father to be like everyone else's dad. I continued to plague him with the same question: "Why don't you wear madras shorts?" Finally exasperated, he spat out that his emaciated legs and ugly braces would be exposed. "Is that what you want?" he hurled at me, harder than any physical slap.

In spite of my mother's attempts to ensure that our life was normal, I can finally acknowledge that polio altered our family dramatically, making a hero of FDR, causing my mother to write to Russia in search of "the

Caucasian snowdrop” that might herald the cure to polio.

How late it is to stand outside of these stories and not be frightened by the tall man who towered above me, held erect by the two rubber-tipped sticks and braces halfway up his legs.

As I approach sixty, I can begin to forgive him for growing hardened, cynical, and distant, perhaps because he could not chase me into the garden, teach me to ride a bicycle, or swing me high into the air. My mother entreated my father, “Saul, tell her you love her.” My father, weak from chemotherapy for his lymphoma, replied, “Of course I love you. You were my firstborn.” I smiled weakly, then turned away.

My memories as a child are few and fleeting, reliant on greying photos, story morsels that proffer jagged bits of information. I hold in my mind the image of a man, tall, handsome, intelligent, and at a space, a little way away a child, both encompassed by the shadow of polio.

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*Patricia Goldblatt, formerly a teacher of art and English, is at the Ontario College of Teachers. Her stories and scholarly articles have been published internationally. She is co-author of Cases for Teacher Development, published by Sage.*

# Theft

*Richard Brockman*

*Night, December 15, 2004*

I'm at an outdoor market where I see a long-necked Arab woman in a long blue robe with flowing shawl. She brushes past, and as she does, she says, "Why don't you speak Kurdish?"

I wake up.

*December 15, 1964*

Sometimes when I can't sleep, I get up and go down the hall to her bedroom door. "Ma?" Mostly my father's asleep, but she's almost always up. "What is it my angel?" "I'm scared." She pats the bed for me to sit.

Her hair is in a bun. It's soft; it's brown. "I can't sleep." "Why?" "It gets dark." "What does?" she says, and I say, "Night." A glass of water sits beside her bed; there are pills, some brown, some white. I push one with my finger. "Richard, what's wrong?"

Old man Murphy lives across the street. I cut across his yard. I always do. "Get outta my yard, ya rotten kid."

I look at her. And then I say, "I stole the nozzle off his hose." "You what?" I'm breathing fast. I can see the cops. I can feel the bars. I start to cry, "I said 'I'm sorry.'"

"Oh sweetheart." "I gave it back." "But why?" she says. And then I say, "He called the cops." "He what?" She puts the water down. "Are they sending me away?" "Why would you do such a thing?" I look at her, but I can't speak. She strokes my head. "No," she says, "No one is sending you away. But you shouldn't have done that." She holds me to her. "That wasn't right." I feel her body breathing next to mine. "Tomorrow you go and give it back."

"I did already," I say but maybe she forgot. She kisses me, then rocks me for a while. I sleep.

Except for the first day, I go to school alone. I get my hat and coat, "Ma," and squirm as she wraps the scarf around my neck, "Ma," as she hands me lunch, "Ma," and as I run out the house, I look back to see her standing there. "Goodbye sweetheart—and don't cut across the Murphys' yard." "I won't."

I'm a second-grader in Mrs. Wiener's class. School's not far from where we live—the end of Exeter and then four blocks down Gerrard—three if I cut across the Murphys' yard. I kick rocks, leaves. Sometimes I kick the little kids. There is a man with useless legs who begs along the street. We call him "cripple man." I never kick the cripple man. I know somehow he'd kick me back.

It's overcast, still grey—two days after a cold hard rain. But I feel really good because it's almost Christmas, and I've been asking for a dog.

"You can't have a dog," she says in the mirror as she tucks a bit of hair back in the bun. "But I want a dog." I watch her eyes, they're green. "And anyway we're going to Florida." There are lots of little bottles on her shelf. "I don't wanna go to Florida. That's the place where grandmas go." She just laughs and sprays some water on her face. "What'll I do there?" She sprays me. "Ma." "You'll swim." I want a dog.

I've never been out of Brooklyn. I've never been on a plane. Everything I know is on or near my block. "Is there fishing there?" She pours something in the water. "Yes, it's in the south." "Where's that?" She doesn't say as she just stirs the bath.

"Turn around." I hear her taking off her robe and getting in the water. "Ma?" Her eyes are closed, her head's way back, her feet and legs stretch out. She isn't wearing clothes. "What is it, my angel?" I watch her knee rise up. "I don't wanna go to school." Her fingernails are red. "I've been to school enough." Her eyes still closed, she says, "Go sit." And I sit beside the tub and all I see are her toes and head and soap.

While at school, I find Florida on the roll-down map. It's pink. "That's south," I say to Neil. "Big deal," he says. And while I'm at school, my mother puts on stockings, shoes, a suit, grey hat—she wears a hat whenever she's going someplace special and I guess she figures where she's going's special.

"What about a parachute?" I ask when we get on the DC-3 from New

York's Idlewyld to Miami. "There aren't any," the stewardess says. "Oh," I say, not sure what I'll do if there's a crash.

She goes down the half flight of stairs, past the door, then down again another. Not slow, not fast, a little unsteady in those shoes. The basement's dark—where I hide my things—comics, matches, pills, the three one-dollar bills I took. I hid two bottles in the freezer once. They broke. "Your father's going to hear about this." A pack of cigarettes.

My father is the first one up. He always is. He wears suits, shirts with cuffs, and pockets with three letters—"Just to let the goyim know who they're dealing with." I ask him, "Who?" He winks at me. I can't wink, and when I try my eyes both blink.

My father leaves for work at eight. Aunt Fran arrives just before, but today she calls. "Where are you Fran?" my father says, and then he says, "Susan Margo has a cold—again?" He grabs his coat; he grabs his hat. "Well get a sitter," he rubs his head and then he asks her, "When? . . . All I asked was—" He looks at me like I'm not there. "You know it's an important client, Fran. A very important—" He yells at me, "Where's your mother?" I look upstairs. "Fran I have to—" He points at me, "Get ready." I'm in my coat. I've got my hat. "Be here in ten minutes Fran. Ten minutes." He slams the phone, takes his bag, yells up the stairs, "Are you okay, Ruth?" He turns to me, "Get your hat." "I've got my—" "Ruthie, Fran is on her way." He takes my hand. "I'll be home by six." We're out the door. He's in the car. "Be good." I nod. I scuff my shoes. The car drives off. A paper bag flies up. I throw a stick. I kick a rock. I head for school. "Get outta my yard, ya rotten—"

Aunt Fran lights a cigarette as she waits for Susan Margo's sitter. I once asked her why she smoked. "Habit." And then she said, "Promise me you'll never—"

"Who is eating candy in my class?" Mrs. Wiener asks as she turns to me. How does she know? "Unless you want to share with all of us, you are not to eat in class." Mrs. Wiener's eyes get small. Her lips turn in. All the kids just watch as her thick hand reaches slowly up, and as I slowly put my box of Good and Plenty in. I love the pink and blue ones. I hate the black ones. Michael snickers. "Jerk," I whisper.

My mother goes down the stairs, and in the basement she takes the stool that's always there for my father's feet. We have a TV set. Not the first, but

one of the very few on our block—it's called a Philco and I love it.

"I heard that," Mrs. Wiener says. She has one elephant leg and one tiny leg. I've never seen anything like it. "Richard!" "I didn't do anything." "No backtalk in here." She looks at me, "What are you staring at?" and when I don't say, she says, "Go sit in the corner." I don't move. "Did you hear me?" I get up, walk to the corner, kick the stool. "Richard!"

"I'm sorry, I am so—" Aunt Fran's Slavic sitter's twenty minutes late. "The subway took was wrong. I know not why on BMT." Aunt Fran explains about Susan Margo, where she'll be, and "I'll be back by two." She goes out to her car, lights another Philip Morris, starts the car; it stalls. She taps her fingers on the wheel, and just says, "Oh my God."

"Richard!" "I didn't do it." I'm sitting on the stool when Mrs. Kaplan comes in, and right away I know I'm in big trouble.

The car starts. It's eight-twenty. Aunt Fran steps on the gas.

My mother steps out of the tub. I watch the bubbles falling off—her back, her side, and down her leg. I'm just sitting there on the floor. She takes a towel, dries her face, and when she turns around, "Richard—" she pulls the towel to her. "What are you doing here?" And I say, "Watching."

Mrs. Kaplan whispers to Mrs. Wiener, and then Mrs. Wiener says to me, "Richard, come over here." "I didn't do it," not quite sure what it is I didn't do. I look at Michael. He just sits there. I look at Sandra and at Judy Starr. At Mark and Neil. Neil's big sister Sharon once tied him to her bed and then covered him with lipstick. When I heard about this, I went home and asked my sister if she'd do that to me. Susan just looked at me and said, "What for?"

"Richard, come over here, Mrs. Kaplan wants to talk to you."

I slowly walk cross the room, between the rows of desks. Michael and Neil love the mess I'm in. I see Sandra whisper to Judy Starr. "No talking over there," Mrs. Wiener says. Mrs. Kaplan smiles a little, strokes my head.

My mother's hands reach round and then behind. She ties the knot. "I can't breathe." "It's your sister's wedding." She combs, brushes, smiles, and then says, "There," and kisses me, "behave." My father calls up from the hall, "Ruthie—" She's in a dress that's sort of blue and sort of white; her hair is fluffed; she smiles a lot. I can't sit still. I hate these pants, "They itch." "Where's your scarf?" I mess my hair. She combs it back. My father calls, "Ruthie, we can't be late." "I hate this tie."

“Richard.”

Mrs. Kaplan leads me down the hall. I figure this is what it’s like to die.

“Here we are,” she says.

Aunt Fran’s fingers tap the wheel. Tap, tap, tap, a puff. She leans forward as she drives. Tap, tap, tap, a puff. Tap, tap, tap—

Mrs. Kaplan’s office has green walls, leather chairs so big my feet swing up off the floor. And from her window you can see Sheepshead Bay and fishing boats. You pay three dollars and get to go all day. I look at Mrs. Kaplan who’s been looking out the window too. “Maybe she likes to fish,” I think. Then I think, “No, she doesn’t even—”

“Richard—”

My sister Jolie’s older by a lot. She’s the one who married Sid. He’s in the Army now, but there was never any doubt. I love Sid—more than Batman, Philco, fireflies, sticks of Pez, more than soda—I love Sid.

Sid can fish. Once we caught a whole pail. I caught two. The fish was fighting like a puppet. I laughed, and then I asked, “Does it hurt?” And Sid said, “The fish swims on the bottom in the dark—so if you hook it nice and steady, reel it nice and slow, it doesn’t know.”

“Richard—” Mrs. Kaplan moves a little closer in her chair. My feet stop swinging in mid-air.

“Doesn’t know—?”

Baseball. Not like me, not like kids. It’s the greatest thing—to be fishing, drinking root beer from a bottle, driving in his Olds with Sid who played baseball with the Braves who are in Milwaukee where he got to catch for Warren Spahn the greatest southpaw ever was, before the Army which is where he is because he has to be, he says it’s called Fort Dix, and then he says he’s my brother which I don’t get, but he says he is, even though I’ve never had a brother, and now he is.

Mrs. Kaplan looks at me.

I love baseball. I love Sid.

“Richard—”

Five days later, I’m wanting to go out, but instead I’m walking down the stairs. And then I’m in the basement. On the bottom, in the dark. For a while I can’t see, and then I see—the couch, the new TV, the freezer, all the laundry and the laundry soap.

And then I see the stool—the blue one for my father’s feet. I pick it up and carry it back where it belongs. I turn the TV on—Howdy Doody. And when Buffalo Bob asks the peanut gallery, “Hey kids do you know what time it is?” I don’t say. I just eat my Good and Plenty—even the black ones on the bottom.

Clothesline hangs from water pipe.

Aunt Fran parks the car and walks real fast; she goes inside, calls out.

“I didn’t do it,” I say, and Mrs. Kaplan just says, “No.” And I’m surprised because I know she knows I did.

“When you bottom fish, you let out line till you feel the sinker hit,” Sid says leaning on the rail, “then lift it just a foot up off the floor. That way when the fish looks up, it’ll see your line and take it.” I watch the sinker sink, and ask, “How do you know when that is?”

Aunt Fran calls down the basement stairs, “Ruthie.”

“You just feel it.”

The day before, there was that cold, hard rain, and on the way from school, I cut across the Murphys’ yard, “Get outta my yard, ya rotten kid,” and then I jumped in puddles. When I got home, my mother asked what happened to my new shoes.

“There were puddles.” How was I supposed to know that Katy Galst, who lives around the other side, had seen me jump right in? “I tried to walk around,” I said. “I swear.” She washed my mouth with soap.

“A fish. I got a fish,” And then I yell—

“Ruthie.”

“A fish!” The line pulls hard—

She climbs up on the stool, unsteady in those shoes. And with her foot, the right one that’s the one I’d use—

—up outta the water, flopping in the air. “You got a live one kid,” a fat man says, his belly hanging on the rail.

Sometimes I get up because I gotta pee.

“Yes sir-ree, a live one.”

And in the hall outside their door, I hear my father yell, “Ruthie for the love of God,” and then he says, “You’ve gotta stop.” Then she says what I don’t hear, and then he yells, “Ruth, you can’t keep doing this.” And then all I hear her says is, “Please.”

Aunt Fran goes down the basement stairs, to where things keep because

it's dark, it's cold, it's still.

"Ruthie—"

"Fuck the Murphys. Fuck the Galsts." I'm standing in my Batman shirt and Batman shorts. "I don't care who the fuck wakes up." Then he doesn't yell, he just says, "It doesn't have to be like this." And then I hear, I hear her say, "Dave, oh Dave—." And then he says, "Ruthie, for the love of God." My teeth are cold. I feel cold, real cold. I'm shaking from the cold.

Sid puts his jacket 'round my shoulders for the car ride home.

And then I hear her say, "Don't you see?" "What? What don't I see?"

I love that jacket.

"I can't get better." And in the hall, it gets real dark, and through the door, I hear her cry, I hear her say, I hear, I hear, "Don't you see?" I touch the door. I know she's on the other side. "I'm no better than the cripple man." "Stop it Ruth. Stop it. Stop it. Stop it." "No better than the—" "Stop it." And then I hear him hit her. "Stop it. Stop it."

And when the fish looks up—

And when she looks up—

"Ruthie."

I feel the pee run down my leg. "I can't. I can't." I can't.

In the bathroom, I start to cry. I wash my face. I steal the soap.

My father was the eldest, steady like a merchant ship in a sea of rocks and stones. Even as a boy he was proud of what he could do, could sell, could fight, could win. He could. And for a time I thought he could do everything he said. Diamonds were what he said he could.

And from the darkness, Aunt Fran's screams ring out like bubbles from a fish.

Mrs. Kaplan smiles again. Sheepshead Bay and fishing boats—and off those boats you drop a line. Mrs. Kaplan straightens up my hair. Why does she keep doing that? And then it hits me—I eat in class; I stole a nozzle from the hose—they're sending me to Florida—"Richard"—the place where grandmas go—"there's someone here to see you." It hits me like a fist. "Richard." Forever.

I turn around and see black shoes, dark pants, and know the cops have come for me. A man grabs my arms and lifts me like a puppet. And when I look up, I see—it's Sid! "I've come to take you home," he says and all I say is, "Sid!" And then I see Mrs. Kaplan nod to someone in the hall, and when I

turn back to Sid, I say, "Are they sending me away?" He looks at me a long, long time before he says, "No. I've come to take you home." And I'm about to ask, "What for?" when Sid hugs me tight, and all the air gets squeezed, and I can't talk or breathe. What for?

Sid takes my hand, and when we're walking down the hall, he says, "You wanna wear my jacket?" And I say, "Sure," and he just wraps me in his Army jacket, and I'm walking down the hall past Michael, Neil, and Judy Starr, right outta school and feeling like the luckiest kid, the luckiest kid.

And when we get to my block, there are lots of cars. "Are we having a party?" He doesn't say. He just parks the car, and then he says, "I brought you this." "A ball!" "It's the ball I caught for Warren Spahn," he says.

And I'm just looking at that ball, when I start to feel my heart beat fast, and I see the wind pick a bag and sail it over cars, and I'm seeing over cars and trees, I'm seeing in our house—the stairs, the hall, her door, and then I see her at the window—almost winter, almost dark. She's in her robe, and reaches up to fix her hair, and then she says like I'm not there, "What if I went away?"

She pulls her robe, takes off the bun. I'd always thought that bun was her. She combs her hair. "What if I went someplace you couldn't go?" It's brown; it's soft. I take a pin. I take a dime. I ask her, "Where?" Brooklyn, Florida, and Milwaukee are the only places that I know.

"Palestine," she says staring out at Sheepshead Bay. "Where's that?"

"It's far away," Sid says.

"It's far away," she says. I take the bun. It's brown, it's soft. I never knew it could come off. "What if I went away and never came back?" "You can't." "But what if—" "You can't. You can't." I hit. "But what if—" "You can't." She grabs my hands. I kick, "You can't." "No," she says, "No, I can't." She holds me close. "I won't." She strokes my face, "I won't. I can't."

"Richard?"

There are no kids; they're all in school. There are no sounds except the wind. I see a stick. I see a stone. I've got the nozzle from old man Murphy's hose. "Get outta my yard—" I never gave it back. I hold the ball. I'm with Sid.

"What for?"

And when I look up to her window, I see her turn away, but she's not there—

“I just wanted you to have it,” Sid says.  
—and right then I know she knows I steal.

*Night, December 15, 2004*

I'm at an outdoor market where I see a long-necked Arab woman in a long blue robe with flowing shawl. She brushes past, and as she does, she says, “Why don't you speak Kurdish?” I grab her shawl. She pulls away. She screams, “Give it back.” I won't. “Give it back.” I do. “Now go.” She wraps the shawl around her neck. “It's mine,” she says. And as I walk away, she shakes her hair, it's brown, it's soft. “Ma,” I say. She turns to me, surprised, and says, “Who taught you to speak Kurdish?” And I say, “You.”

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*Richard Brockman is an associate clinical professor of psychiatry at Columbia University. His screenplay “Good Behavior” will begin filming in June. His plays have been performed nationally and internationally. His articles have appeared in Atlantic Monthly and the Wall Street Journal.*

# Facing Fear

## Carrie Bernard

*My name is Carrie Bernard and I am a family doctor from Brampton, Ontario. I volunteered for Médecins sans frontières from October 2004 until March 2005. My mission was in Gulu, Uganda. During the course of my mission, I was ambushed with my team on the way back from a visit to camp for the internally displaced. My team was very lucky to escape alive. After the ambush I was plagued by nervousness. Before I could finish reading our debriefing report I would begin to shake.*

*I have studied exposure therapy and have used this technique with my patients who suffer from anxiety and I thought it might be of use to me in this situation. I decided to write an email home to describe my experience, in my own words, and I used this piece of writing to help me to desensitize to the experience.*

**W**e left Ome Upper a little later than planned but still well within our security guidelines. We had checked with the barracks in Amuru. They gave us the OK to go. We followed every procedure. I'm sure we did. Then why do I feel like we did something wrong? Why am I being treated like a criminal? I was *shot at!* I feel scared. The questions, the police, the accusations. Giving a statement and seeing it go into a file called Collaborators. Did I do something wrong? How is it possible that I am in trouble? I feel out of control. I begin to tremble again. Feeling reality slip away. And then I am back *there*.

We are driving along the bushy road. I have the background anxiety that is part of life when travelling to the camps. Perhaps just a little more

than usual, as this road is new to us, and it is very narrow, with dense vegetation all around.

Suddenly there is shooting. I have never heard shooting before. (Well on TV, but that doesn't really count.) But I know that this is shooting. It isn't as loud as I imagined shooting would be. I think, "Is this what crossfire sounds like?" But it doesn't seem that there are two sides shooting at each other. Just shooting. What the fuck is going on? Now I know that they are shooting at us. I have no idea how I know. I just know. Perhaps it is the fear on my companions' faces as they hit the floor in the back where I am sitting. Perhaps it is because the sound won't stop. The car screeches to a halt but the shooting continues. It fucking goes on and I know that we are going to die. I feel my legs and wonder what it will feel like when the bullets hit. I hope that it will not take long. I am prepared to die. I do not want to be shot and then taken into the bush with the men. I am afraid of going into the bush. But mostly I want the shooting to stop. I hear Cameron shout "Stop." I wonder if he is reading my mind. Did I say "stop" out loud? Was it really just Cameron, or did I shout also? It is too late to figure this out because the men with guns are now next to the car.

I am still down in the back and I can't see them. I hear shouting in another language and I peek up front. The men with the guns are angry with Cameron and Bongo, our driver. I am very scared. Will they be shot? I don't want to hear any more shooting. Not now. I know that if I hear shooting now it means that my friends will be dead.

Seconds later and still no more shooting. Bongo tells us to give radios. I get up and get my handset from my pack. I hand it to Cameron. Now that I am sitting I see Sven behind me trying to hand out his money belt. I remember my security money. I reach into my fanny pack and bring out \$100.

Now I see him. His eyes are crazy with fear? anger? sickness? Who knows? But they are definitely not the eyes of a normal man. I then realize that he is not a man. He looks to be about eleven or twelve years old, a child. I hand him my money and try not to look at his face again. There is talking in the front and I am watching Cameron and Bongo. Cameron notices me and yells for me to just get down. I know he is worried about

me. How does he have time to be worried about me when he has a man with a gun right next to him? I get down next to William, our national staff administrator. He embodies fear. He is on his back, shaking, sweating, and holding up his phone in the air. I start to tremble looking at William. I close my eyes.

There is more yelling and I look up front again. They can't get the radio out and they are frustrated. The one on Cameron's side comes to the back and starts to point at things. He is older and seems to be in better control of himself than the boy. I give him what he points to. Phones, backpacks, moneybelts. But then he points to the emergency box and toolbox. I struggle but I can't release the belt that holds them in place. He points more aggressively and I am terrified. I ask for help. Sven comes and undoes the belt. I help to move the heavy boxes to the back door where the small one takes them.

As I begin to pass the emergency box back I am overcome by an irrational thought. There are dangerous drugs in the box. I need to tell them how to use them. People may get hurt.

The thought disappears as soon as I see the small one at the back of the vehicle. I am so very afraid of the small one. I move back up to my seat where the older one is. His gun is not pointed at me and he keeps pointing at what he wants. I understand exactly what he wants when he points. I feel that he is speaking to me. I feel relieved that I understand him. As long as I am giving him things, his gun stays on his shoulder and there is no shooting. I feel that I am helping. I don't want to think about what happens when we run out of things to give.

They try for the radio again but we have no screwdriver (it is in the bush with the toolbox). They seem to understand that we cannot get it out. I am told later that Bongo explained that they should hurry and take care of their lives as soldiers might come soon. The radio would take too long.

And then it is over. The doors are closed and we start to move. I am scared that they will shoot some more. Bongo tells us that they said they won't kill us; they promised that the shooting is over.

We are all alive. We have no way to communicate with anyone. There is still more dangerous road ahead. I am afraid of what will happen if we

get shot at again. We have nothing left to give.

Cameron is laughing now. He is happy to be alive. I do not feel happy about anything right now. I am trembling. I feel cold, though it must be at least thirty degrees in the car.

But we did well. No one screamed. Nobody panicked. Nobody made a stupid move. And we are all alive. Bongo bargained for our lives. The small one wanted to kill him and the gun was at Cameron's head. But Bongo was cool. He saved us. I do not know how to thank him. We are safe and it is over.

But is it really over? We are victims again. Questions. Accusations. People telling others that we are supplying the rebels with drugs. Of course I gave the men with the guns drugs. What was I supposed to do? Then the doubt comes. Maybe I did something wrong. Why do I feel guilty? Why am I still afraid? I want the investigation to be over. I am more afraid now that they threaten us with the possibility of having to identify men in a lineup. I am certain that there is no two-way mirror here in Gulu. What will we do? We can't identify men who will be sent to their death. But I can't lie. I hope that I will not recognize them anyway. I am scared of saying the wrong thing and messing things up for MSF and the entire NGO community here.

It is one week after the ambush. So far there has been no lineup, and the ballistics report confirmed for the authorities that we were actually shot at (was there any actual doubt?). This will help to destroy their collaboration theory.

I am feeling . . . I do not know what I am feeling. Is there anything that I have learned? Anything to take away from this?

I am beginning to believe that there is.

I have always been afraid of being out of control. I have hated that sense of doom that overcomes me when I feel that something may go horribly wrong. And now I have lived through the worst of the worst. I was completely out of control. Something did go horribly wrong. The worst kind of wrong—I feared for all of our lives. But I lived through it. I did not crumble. I trusted myself and I trusted those around me. I faced doom and I didn't panic.

I have also learned, firsthand, how it is to be victimized when you are

already the victim. I have studied this phenomenon from an academic perspective many times before. I thought I understood. I have counselled women who have been raped, and I thought I was able to comprehend how awful it was for them to be raped all over again by the system. Now I really know. It is horrible and lonely. I finally really understand.

And I have a great team. We are all getting through it together. I am able to ask for support when I need it. For the first time in my life, I faced fear and doom with others there to help me. I am learning that life need not be so lonely.

All of our field operations are currently suspended. Until we have been officially cleared of charges of collaboration we will not go to the camps. Once we are cleared, the big cheese from Geneva (the head of our desk) will decide when we can go back to the field. He is arriving next week. Still, it will be up to each of us in the team to say when or if we feel ready. We will likely start with the closer, more secure camps. And then we will finally get back to work.

It is a bit of a struggle to balance our needs and fears against the needs of those in the camps. We do go where no one else goes to provide health care. There are people in great need in Awere. They will run out of drugs very soon. I want to go there and reassure my staff that we are not abandoning them. It is part of our job to go to these places. That is what MSF does. The job has risks that we have all agreed to take. We will continue to review our security protocols, but they are excellent as they are. I believe that we were just in the wrong place at the wrong time.

We still need to look into this because if this ambush signifies a change in rebel/bandit attitude, then we are all in trouble. (It has been a *very, very* long time since an NGO with *muzungus* [white people] on board has been attacked.) If things are changing, then everything will change. For now I choose to believe that it was just bad luck. I hope that my next email will tell you that we are back to our regular program and that all is well.

I hope that you are all well. I hope that this email doesn't scare you. I struggled with whether or not I should send it. But this is my life now and I want to share the truth. I will not do anything stupid and will go to the field only if I think things are back to their previous status. There is always risk. But there is risk every time I get into a car. There is risk any time I

treat a patient with fever and bloody diarrhea (fear of Ebola). Everyday life is full of risks that we take without even thinking about it. The risks here are simply different from the risks at home.

Much love,  
Carrie

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*Carrie Bernard practised as an occupational therapist before returning to McMaster University for medical school in 1994. She volunteered for MSF in Uganda for six months in 2004-5 and practises family medicine in Brampton, ON.*

Selections from  
*Nothing Between Us Now  
but Love*

*Rick Kempa*

**The Questions**

She can speak nothing but questions.  
She stores them up—thousands! thousands!—  
sitting in her rocker in the half-light of her room,  
hands pressed to her forehead in concentration  
until she cannot breathe because of them:  
cycles and loops and double helixes of questions  
and strange stray strands like downed power lines  
sparking and hissing in the night.  
There are so many that she does not know  
which one to begin with, which one matters  
most, and so she might ask,  
“Where did you get this pencil?” or  
“What is that spot on the wall?”  
I keep one hand on the doorknob;  
I am afraid to sit down.

Other times she will appear at my side,  
shoulders stooped, knees bowed forward  
so that she resembles, well, a question,  
clutching with all her might the single one,  
the one that matters most,  
that will unleash a cascade of answers,  
dominoes falling forever:  
“What am I supposed to be doing?”

Mom, I am sorry that never once did I stop  
what I was doing and sit down with you  
and take your hands in mine and honour  
the genuineness of that question,  
explore with you what it might mean.

### **Questions of You**

I have managed to forget  
that it is I who should be  
asking questions of you,  
seeking for those parts of you  
that remain intact:

the childhood lived so intensely,  
those years young and single  
in Chicago, secretary by day,  
world-class dancer after dark,  
when even you were

conscious of your worth.  
All this relived each night  
behind your closed door  
within the cocoon of sleep  
I spin for you so you

will not walk the halls  
and rattle the doors,  
and call out the names  
of the dead and dying  
seeking answers, seeking . . .

### **Where Are the Children?**

She wants to know at all times  
where the children are. Are they safe?  
One night I found her at the front door  
fingering the doorknob, crying,  
“One of the children is sick.  
I have to go to him.”

“Mom, there’s no children here,”  
I said once. “My kids are all  
grown up.” “Yes, of course,  
that’s right, stupid me,” she said,  
and then, five minutes later,  
“Where are the children?”

“What do the children think of me?”  
she asks. “Does it frighten them  
to see me like this?” “They *love* you,  
Mom. Of course they’re not afraid  
of you.” She waves her hand at me.  
How, she thinks, could anyone love her?

Once, we were sitting in a park  
when I had to use the restroom.  
“Mom, I’ll be right back. Please  
stay put.” “Of course,” she says  
indignantly. “Where would I go?”  
I return to see two tiny children

standing before her, staring up into  
her bright blue eyes. “Oh hello!”  
she chirps, “Did you bring us our  
milk and cookies?” Never was I  
looked upon with such desire!  
Never was my failure so complete.

### **Going Home**

Three hours after checking into the nursing home for the weekend, she hijacks her roommate’s wheelchair (the poor dear, laying slackjawed in her bed, doesn’t care), piles all her things on it—the pajamas, sweater, crossword puzzles, the photo of her grandkids, the rosary and crucifix—and pushes it down the hall towards the emergency exit, where she triggers the alarm. (This, after all, was an emergency. “I opened my eyes after a doze upon the strangest place,” she later said. “Oh my lord, you just don’t know. There was nobody who knew me and I was going home.”)

### **Pandemonium**

She sits in her room and nothing can sway her  
to come out. I turn on the TV; she turns it off.  
I open the window so I can breathe; she hollers  
her complaint. The meds are maxed: no help there.  
When I leave, she calls out one more question;  
she wants to know where her room is. Whatever  
reserves I can muster to get past this are failing.  
God help us, I am hardening my heart.

## The Salvo

“Let’s see,” I said as I lugged  
your bags into the house. “You’ve  
taken off six days this month  
to go places with your best friend”  
(she who rarely visits because  
my mother “makes her nervous”).  
“How many days have *I* had off?”  
This first salvo silenced  
the story you’d begun to tell.  
Point-blank I fired again:  
“I’m sorry that you can’t do  
what she does, that you  
have to come back to it.”

*I wasn’t* sorry then, of course,  
but I am now, thinking how  
the flush of freedom faded like  
the end of day from your cheeks,  
the corners of your lips tightened,  
and the story died right there,

and how, in all the days since,  
you cooked for my mother, coaxed  
her endlessly to eat, changed  
her sheets, washed her clothes,  
helped her shower, trimmed  
her toenails, cleaned her teeth,  
took her to the doctor, took her  
shopping, took her to church,  
did nothing for yourself . . .

**Tears Rising Unforeseen Like Lava . . .**

*In defiance of Richard Hugo:  
"Leave tears out of poems"*

Tears rising unforeseen like lava  
at the point of passage, twisting

the surface, bursting the lids,  
rivering. Tears of disbelief,

that five hundred days of  
shaping our lives around her

are so abruptly severed. Tears  
enough for all of us who lived

with her. Tears because we failed,  
tears because we did not fail.

Tears because she does not know  
those days she lived with us,

because in time she will not  
know us. Tears for the impact

of brute truth: she was indeed,  
as she always said, "just visiting."

Tears at last for the old sorrow,

a man taking leave of his mother.

Tears to anoint the passage of  
all mothers forward and away.

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*Rick Kempa lives in Rock Springs, Wyoming, where he teaches writing and philosophy at Western Wyoming College. In recent months his work has appeared in Bellowing Ark, Confrontation, Healing Muse, JAMA, and Pilgrimage.*

# Diabetes: My Body Says “Fall”

*Heather L. Stuckey*

Last night, I had a low blood sugar. Waking, confused, I called for Sue. Stumbling to find the low blood sugar machine, I turned on the closet light so as not to disturb anyone. My legs were weak, and I let myself fall to the floor. I checked my sugar, and it was 45. This is the number that makes my skin sweat like water drops and my body feel like clay. *Clay* is a good word, because my body becomes drenched like the consistency of it, solid underneath a sheath of salty water. It becomes mouldable and movable with pressure. My brain does not work, and so my body says fall.

Quickly, I drank six ounces of Hawaiian Punch, as if the were a secret potion. Life is fragile when Hawaiian Punch is the determining factor as to whether I live or die.

I gulp it and hear my heartbeat. Taking a deep breath, I realize my heart is louder than the volume of my inhalation. I wanted to capture each feeling, each sensation, so I could record what the experience of having a low blood sugar is like. I am trying, but it is coming out wrong. I am describing events, but not the actual feelings. If I were to ask you how to explain how it feels to touch a kitten or a pup, you might use words like *soft, cuddly, warm*, but it doesn't describe how your skin feels inside. What is the sensation, and how do you capture the experience of it?

Having a low blood sugar is like walking as a ghost through an imaginary, invisible world of the not-quite-dead and the not-quite-living. It is that space that hangs between hallucination and reality. I asked Sue

where I was, and she said I was in my own bed. I tried to count backwards to make sure I was still on earth. Eight, ten, seven, six . . . no, that wasn't quite right. Oh, God. I am losing my mind. What is the name of my son? Where do I work? I don't remember. I can't think. It has something to do with the letters *L* and *P*. Think. Think. I am cold.

Sue says I should lie down. I am catatonic, staring in space while holding a frantic discussion with myself. She takes off my sweat-filled nightshirt and dries my arms, my torso, my chest with a towel. She replaces a new nightgown and peels off my underwear like it is Saran Wrap. The sweat holds it in place and struggles against her tug. I am still raw and not strong enough to wait until she replaces my bedsheet with another towel. I have sweated the bed. I give up and fall to the floor. My forehead touches the ground and the bristles of the carpet feel like jagged glass. Everything is louder, more sensitive, on edge, too much. I have never had to take a psychedelic drug for this reason: it is enough to have a low blood sugar.

I feel the punch enter my bloodstream, warming and relaxing my body. It slows down my heart, allows me to return to earth. I still can't think clearly, but I know that I am on my way down. It is a trip back to reality, back to my bedroom. Soon I will sleep. It will be time for me to rest. The journey will have exhausted me. Vulnerable, yet safe, I close my eyes. I have lived through another night in the world of the near-dead.

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*Heather Stuckey, a D.Ed. candidate, has had Type 1 diabetes for twenty-five years and is involved in the Penn State Diabetes Center. She has a son, aged ten, and lives near Harrisburg, PA.*

# Fluent Bones

*Daniel Bazuin*



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*Dan Bazuin is an artist living in Toronto, whose art and short films have won awards here and in the United States. He is co-owner of This Ain't the Rosedale Library, and is represented by the lehmann-leskiw gallery.*

# Guilt and Time: My Enemies

**Jay Baruch**

*“As a writer, I have been a physician, and as a physician a writer . . .”*

*—William Carlos Williams*

**A**s both an emergency physician and a writer of fiction, I’m fascinated by the inherent irony of these two activities. When writing, I use words on a page to create lives that readers will hopefully care deeply about, as if they were hated neighbours or close friends. Meanwhile, in the Emergency Department I’m faced with real people experiencing real suffering, and sometimes wonder why I don’t care more.

I became hooked on emergency medicine during a fourth-year elective at Bellevue Hospital in New York City. It wasn’t the trauma, the hectic pace, or the blood. For a middle-class kid, my imagination was captured by patients who on the surface were so unlike myself. And yet, listening to their stories, I also discovered how frightening and precariously thin the line was that separated me from the working poor, the drug abusers and alcoholics, the homeless. We are often a product of the choices we’ve made (or our parents and grandparents). A wrong turn here, a bit of bad luck there, and it’s my dirty feet stinking up the area around my rusty stretcher as I snore away. After fourteen years of emergency medicine practice, I firmly believe that to be an effective and compassionate healer requires attending to patients’ stories with fascination and humility. Even if I’m treating two identical acute myocardial infarctions, the patients experience their situation differently—fear, denial, acceptance.

From the very beginning of medical school I knew I also wanted to be a writer. This wasn't a calculated decision. I revered books as a child. It wasn't only the words and the stories, but how the books looked and smelled, how they sat in my hand. Writers were my superheroes. They saw the world as it really was. They were honest and truthful, and because I was learning that the world didn't necessarily rotate on honesty and truthfulness, writers were considered bold and brave. My allowance was often spent at a bookstore called Oscar's. Oscar himself would wink over his bifocals as I made a direct line to the paperback classics—Verne, Twain, Dickens. Sometimes he'd disappear into the basement and return with dustier and cheaper editions that he'd been saving for me. I was shy and chubby, and later precociously pimpled. My love of books and literature provided for a secret kinship with this kind, grey-haired man. At his bookstore my insecurities fell away. I felt important.

I'd spend hours alone in my bedroom, late into the night, breathing in the musty smell as I turned the pages. I suffered from childhood asthma. The wheezing was never serious, and my parents, children of Eastern Europeans, believed a touch of brandy or scotch would help me. From my earliest childhood, literature became an exhilarating mixture of danger and intoxication.

My professional career has become a protracted, unsuccessful negotiation between medicine and writing. Each has suffered because of the other. I can't fit them both, to their fullest capabilities, into a normal week, or even an abnormal week.

I write slowly and rewrite endlessly. I wish I could write fast, but I'm a tedious sentence builder. Only by writing can I discover what I'm writing about. The story emerges out of itself. I question facets of each layer as it is put down, and in such a stepwise manner construct a story. To improve and grow as a writer, I feel the need to devote significant hours. The process itself is an exploration into unmapped personal territory. I don't know what I'll find, what I'm capable of, unless I constantly challenge myself. Four years in medical school earned me the right to be called "Doctor." After a decade and a half of hard work, I'm still skittish about referring to myself as a writer.

Much of my precious writing time is compromised by guilt and doubt. I become defensive, slouch-shouldered, and racked with shame, especially

when writing isn't going well. What am I doing wasting hours, or days, being diligently unproductive? What, exactly, is being accomplished? Shouldn't I be attending to one of the many academic articles begging for my attention? Why am I not in the ED, caring for suffering patients, being the doctor I was trained to be, making some badly needed cash in the process? During particularly bleak periods, my brain whites out, I can't muster an original thought, and the voices turn vicious. What have you written? This isn't paying the bills. Stop being selfish and get outside and play with your son.

Without writing, I might be a more accomplished physician, perhaps closer to the nosebleed heights on the academic ladder. Not only is my curriculum vitae lighter, but by cutting my clinical hours to accommodate writing, my family isn't in the financial position it might have been otherwise. I've tried to quit writing many times, but always found myself scribbling, taking notes, trying to convince myself that I wasn't writing.

Between my third and fourth year of medical school, I took a year's leave of absence to devote solely to writing. I needed to discover whether I had talent, or at least enough potential to hope and dream. During that year I studied writing informally, began what turned out to be a truly awful novel, and supported myself as an editorial assistant at a medical publishing house (how else would a medical student with a BA in English earn a living?). There, I became acquainted with artists who worked full-time to support themselves so they could then go home and do their "real work." They were working eighty to ninety hours a week without any promise of critical or financial success. During my year "off" from medical school, I learned about self-discipline and the necessity of art as a life-giving source. Medicine should be approached with similar intensity. Medicine might be considered an art, but I wasn't convinced that it was practised by artists. Most importantly, having stepped out of the rutted rail that is medical education, my one year away gave me the courage to approach my medical career in non-linear terms.

I took another break from medicine a few years after finishing residency. My rewarding medical career allowed less and less time for writing. Without writing, the practice of medicine wasn't as satisfying. It felt like an awful itch that I couldn't reach around to scratch. I became restless, impatient, and in the spirit of honesty, a tad bitter.

Some colleagues made me feel that I was committing professional suicide.

What's more, I hadn't published a single story. The walls of my apartment in Brooklyn were papered with rejection slips. Some rejections came so quickly I suspected the U.S. Postal Service of vetting my submissions.

In the medical profession, clinical decisions are based on evidence from statistically sound studies. Applicants to medical schools are admitted or rejected on the basis of quantitative measures, though many might seem irrelevant to the skills expected of excellent doctors. To many people, my decision smacked of irresponsibility, immaturity, with a whiff of mental illness. And maybe they were right. It wasn't rational, supported by sound data. It was an urge. How do you justify an urge in a field where evidence-based medicine is *de rigueur*, especially when I had my own doubts?

I soon distanced myself from many friends and medical colleagues. Fortunately, some friends outside of medicine understood completely and reminded me to keep my focus. I must admit that writing fiction, from within medicine, feels like an irrational act in a hyper-rational world.

At the same time, during those periods devoted solely to writing, I discovered that I missed the relevance of medicine, of engaging with people in immediate and profound ways. My writing became "writerly," self-conscious, laced with undeserved importance. Blessed with all twenty-four hours in the day to spend, I misused time, became less efficient and effective. Urgency vanished, not just with time, but with emotion and imagination. The tension and pressure that can grate on emergency physicians can nourish a writer. I don't mean stealing realistic details from this or that patient, trading on the inherent promise of confidentiality in the Hippocratic Oath, but the raw stuff that gets kicked up from being a close witness to the cruelty and beauty of lived lives.

For example, the failed resuscitation of a young man who died from a blow to the head didn't bother me as much as speaking with a family member later and noticing that she was holding a plastic bag with his bloody shirt and jeans. Imagining my patient getting dressed, rather than dead on the stretcher, brought tears to my eyes. That evening, I didn't write about the nature of the accident, the failed resuscitation, or the clothes. I wrote about grief as a shell game. Do I really believe that doctors become hardened over time? Or does the trigger point for deep sadness keep moving, beyond our control? And when caught unaware, how do we respond to the shock of it?

I didn't aspire to write about medical experiences, and in the beginning I did my best to avoid any topic that was medical. Part of that reasoning included some resentment, a half-assed temper tantrum. "I'm going to show you, medicine"—as I held my breath. Even if I made a conscious decision to block out that turf for creative use, I couldn't deny that medicine has shaped my identity. If I hadn't become a doctor, I'd have a different set of life experiences. I'd be a different person and a different writer. Eventually, medical themes, patients, and doctors started appearing in my work.

Quitting medicine isn't a viable option, nor is taking a doctor job only to pay the bills. I fear becoming one of those marginalized, out-of-touch doctors; a dot-matrix printer in a white coat. Since I don't see myself becoming a "fast" writer, time will always be my nemesis.

As a student of literature, I'm interested in characters, the context in which they live out their lives, and the motivations that drive them. Writers often write characters into corners; then they must write themselves out. The skilful writer often discovers something about the story, the characters, and himself (or herself) from such a dilemma.

As an emergency physician, I've learned that patients are more than their chief complaint. They have stories to tell. Their lives have been altered. They may have become unrecognizable to themselves, and they've come to the ED because they lack the specialized knowledge to understand what went wrong and how to regain their bearings. Illness isn't the disease or injury, but the experience of being diseased or injured. I've used my narrative skills to better understand their illness in the context of their lives, but many times this isn't possible.

The act of working in an ED can be mentally and physically demanding. There is constant pressure, perpetual sensory overload, and the fear that a patient in the waiting room might have a life-threatening problem. Well-trained, talented emergency physicians make it look easy. But anyone who has tried to do a pirouette, and looked ridiculous in the process, knows the sweat and work required to make that spin look effortless.

Circumstances seldom permit narrative penetration, maybe a scraping of the topsoil. I slide from one chief complaint to the next, from the "chest pain" to the "headache" to the "bump on my bum." Sometimes it feels as if I'm riding on a cushion of air, staying long enough with each patient to establish a diagnosis or decide on a workup—blood work, radiological

tests, or simply words of reassurance. I have proximity with each patient, but not intimacy.

I enjoy writing slowly; it allows me time to know my characters. Part of the fun and challenge of writing fiction is investing a story with a particular voice, tone, point of view that is unique and personal. For me, the hardest part of writing is tapping into the emotional heart of the story. When I have that, I have the thread that I can pull through the narrative, and hopefully, pull the reader along with it. I want to take readers with me on a trip and return them home at the end. But I want the story to resonate with them even after the experience of reading it.

My favourite emergency medicine story is Ernest Hemingway's "Indian Camp." The narrator tags along with his physician father who is called to treat an Indian woman experiencing a difficult labour. Her screams send the village men off to the outskirts to smoke. An axe injury to the foot forces the woman's husband to listen to her agony from the bunk above. The baby is coming out breach. The boy asks his father about the screaming, who replies that he doesn't hear the screams, the screams aren't important. Eventually the physician uses a hunting knife and fishing line to do an emergency C-section. He's proud of himself. Until he discovers that the woman's husband, unable to bear his wife's suffering any longer, had slit his own throat from ear to ear.

I couldn't be an emergency physician without writing. When I'm not writing, I become an inadequate version of myself. But I couldn't be a writer without emergency medicine either. I need to get out of myself and take care of patients. Difficulty with a story, or a paragraph, seems so insignificant when compared with the broken lives of many of my patients. I often feel guilty that through the disrepair in their lives I often find balance in mine.

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*Jay Baruch practises emergency medicine and teaches medical ethics at Brown Medical School. His short story collection, Fourteen Stories: Doctors, Patients and Other Strangers, will be published in March 2007 by Kent State University Press.*

# The Texture of a Word

*Ian G. Dorward*

I'm surprised to see him wearing street clothes, sitting on the side of the bed. After rounding on him each morning for three days, the surreal 5:00 a.m. haze pouring through the window, my conception of this man has become inextricably tied to disposable nylon pants and a bare chest traversed by IV tubing. Seeing him now sitting upright, wearing a beige striped shirt and khaki slacks, I find myself disoriented. Quickly I check my patient list to ensure that I'm in the right room: 13456, Bed A, Mr. Powell. Yep. Right patient, right room. I say hello.

He greets me with the same cheery grin his face has borne the past several mornings—only this time he doesn't have to struggle through drowsiness to force it out. The smile comes from a warm place, and I want to sit beside him on the bed. Maybe put my arm around his shoulders. Mostly I just think I should touch him—a hand on his elbow, or even gloved fingers on the question-mark-shaped incision arching across his shaved scalp. Instead I fidget, totter on my feet, pat the pockets of my white coat, cross my arms. I try to smile, but not too much.

He knows why I'm here. He knows that it's not to say hello or to perform a routine neurologic exam in the middle of the afternoon. I think for a moment about launching into my exam anyhow, asking him his name and the date, checking to see if he can name a few items in my pockets and repeat back to me, "No ifs, ands, or buts." But why? He's a retired college physics professor, and probably still smarter than me, even after having a four-centimetre tumour cut from his left frontal lobe. His mental status is no more in question than mine; at least he's slept more than four hours each of the past five nights. Why bother? The subterfuge would cheat us both.

So I begin.

I couch my words in preface, gauging the appropriate degree of medical jargon to employ. I think to myself, Would he want it straight out? Or is he the type of man who wants this news swaddled in hope, cradled gently in reassurance? I see a frown on his face as I get tangled in my words, tripping where I had wanted to tiptoe. “Just tell me,” he says, clutching his pants above his knees, crinkling the fabric into bunches in his palms. “You’ve been great, you know, explaining to me diseases and treatments in terms a layperson can understand. Not to mention cutting the damn thing out. I’ve appreciated everything you’ve done for me—I can’t thank you enough. Don’t spoil it by pussyfooting around. Tell me. Is it a glioblastoma?”

He looks at me frankly, his eyes unblinking, his expression washed of content. It’s just a face, on just a man. And he wants just the truth.

“Yes, it is,” I say. “The pathologists have finished their report, and they say that it’s a glioblastoma.” My voice trails off with the last word, so much that I wonder if it was audible. Reflexively I say it again, “Glioblastoma.”

Inadvertently I had framed the word. Bracketed, standing alone, it faces him in bold strokes and stark contrasts. He stares at it, hanging on the wall somewhere beyond my left shoulder; there, in its sharp lines and dark hues, he sees his sixty-five preceding years in dull relief, trailing off in the distance like a shadow at dusk. Standing in the foreground are twelve more months—fifteen at best—punctuated by chemotherapy and radiation and lost hair and cognitive difficulties and intractable nausea and expressive aphasia and steroid psychosis and a re-operation and implanted chemotherapy wafers and an infected wound and another operation and a cerebral abscess and IV antibiotics and deep venous thrombosis and an inferior vena cava filter and swallowing dysfunction and a G-tube and hospice. And a race between pain and narcotics, the former the certain victor.

His right hand slowly moves from his pants leg to his pocket and produces a white handkerchief. He carefully unfolds it. It is old, washed many times, and frayed slightly at the edges. A part of me wishes I knew what it felt like, what sensation the well-laundered cotton weave would leave on the fingertips. He drapes it over his hand and uses it to dab at his forehead. Afterwards he drops his hand to his lap, and the handkerchief lies in soft rumples. It looks strangely elegant, splayed out over his fingers like some liturgical shroud.

He looks up at me once, briefly. “Thank you, doctor,” he says, “for everything.”

Then the handkerchief is crumpled in his fist. As I walk out of the room I glance once more over my shoulder; I see the handkerchief cast upon the floor. Above it his feet swing up onto the end of the bed and one crosses over the other, his soles facing towards the wall. He stays that way for several hours, and I continue my day.

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*Ian Dorward is a neurosurgery resident. He likes to spend his rare out-of-hospital moments writing. This happens to be his first publication.*

# The Lemon

*Bruce Hillman*

**I**t's late. Tonight is my night for admitting new patients to the medical wards at the county hospital. I am tired to the point of despair. I've been at work for more than sixteen hours, here in this hospital of last resort for the poor, the homeless, and those whose families no longer want them. Working in an underfunded county hospital was not my choice. My training program requires all residents to leave the stimulating hustle of the large, academic medical centre to spend four months practising in these neglected, tobacco-yellowed wards. A month and a half left to go.

I've already taken the medical history of the pregnant woman with cramping pain in her belly; picked maggots from the open footsore of a diabetic who refuses to watch his diet; slowly warmed the core of a needle addict who fell asleep slumped over his evening fix and nearly froze in the winter air. Now, just as I am about to go off shift, a new patient has been sent up to me from the emergency room. She's a woman who, as far as I can see, has been admitted for the sole reason that there is simply nowhere else for her to go.

According to the identification band on her wrist, her name is Magda Stepanovich. She sits frightened before me on the low examining table in a hospital gown that exposes her back and bottom to the cool air and the occasional glances of those that pass the gaping linen enclosure that passes here for an examining room. Small, elderly, and nearly emaciated, her long hair streaked with fading orange from an unfortunate colouring, she sits hunched, flinching at even my gentlest touch.

"Do we have any information on Ms. Stepanovich?" I ask the nurse, who's got a stethoscope in her ears and is trying to take a blood pressure.

“They found her in a nursing home,” she says. “I saw it on the TV. Thirty-eight seniors had to be rescued from the staff, who were starving and beating them.”

I continue my examination. Her heavily wrinkled face is pinched and her bones protrude at sharp angles, which are magnified into exaggerated shadows on the examining room walls. Although hyper-alert, she’s unresponsive to even the simplest inquiries. It’s unclear to me whether she speaks English. I try without success for over an hour to elicit symptoms or identify any conditions that might need medical attention. In the end, now thoroughly exhausted, I admit Magda Stepanovich to my ward, knowing that this means she will be my patient, to care for day-to-day, until she can be placed in another facility. Since she almost certainly has no money, this could take quite a long while.

As I drive home, I think how Ms. Stepanovich is one more pointless case in a ward full of similar cases that will gnaw at me until my rotation at the county ends and I can return to the academic centre. That’s what I signed on for, not this soul-deadening daily excursion into hopelessness. The medical centre is where the action is—the bright professors, the interesting cases, the chance to show the chiefs that I’m one of them, that I belong there too.

It seems that I’ve barely left the hospital, hardly slept, when I’m once again driving back across town to work. My team—another, more senior resident and two fresh interns—is finishing rounding on our patients. We adjust the blood pressure medications on Mrs. Menendez; order an enema for Mr. Jackson, who tells us he’s “a little off his feed”; increase the volume of intravenous fluids for Mr. Simpson, whose catheter bag shows little in the way of urine production during the night. Mrs. Stepanovich seems very comfortable, but she’s still not talking. On the basis of her name, we request an interpreter to see if Russian might work. There are no crises. It’s all very mundane, but we generate a lot of grunt work that will occupy the rest of my day. In addition, I’ll have to discharge some of our patients to make room for new, more acutely ill ones besieging the emergency room tonight. Some of the patients I discharge will be back in the hospital next week.

I’m just walking down the hallway to go into Mr. Gonzalez’s room when I hear a shuffling sound immediately behind me. Shhhhhhhzz! Shhhhhhhzz! It’s the sound of slippered feet emerging from the room next door, gliding

after me on the gritty linoleum.

“Please sir, can I have a lemon?” It’s Mrs. Stepanovich. Her voice is heavily accented, her grammar broken. The tone is wheedlingly apologetic, nasal, close to a whine. She’s standing beside me in her hospital gown, now thankfully backed by another, reversed on her shoulders to cover the bare parts of the night before. Someone has given her a pair of low, fuzzy pink mules, on which she unsteadily slides her feet.

I smile. “So, you do speak English. I don’t have a lemon myself, but I can call the cafeteria and have them send one up. Do you want some tea?” She shakes her head—no, just the lemon. “If you’ll just wait in your room, it will be here soon. And I’d like to come speak with you so that we can do a proper admission.”

I begin to move off down the hall, but no sooner than I do, I hear the sound again . . . shhhhhzz, shhhhhzz. Now she’s tugging on my sleeve, “Please sir, can I have a lemon?”

“I said I would have someone get it for you. I’d get it for you myself, but you can see I’m very busy now. I have other patients to care for. I’ll see you in your room in just a short while.”

Again I move off. Shhhhhzz, shhhhhzz . . . “Please sir, can I have a lemon?” I decide that whatever it was I had planned to do, it would be hard to get done with my new shadow in tow. I walk Mrs. Stepanovich back to her room and help her into her bed. Once again I try to learn something about her. Now she responds to my questions, but we’re participating in two different conversations. I ask her name, if she knows where she is, what year it is, who is president of the United States. In response, Mrs. Stepanovich tells me about her life before the revolution, and what she was wearing to her father’s coronation. She insists that she is a crown princess. Her family will be coming for her soon to take her back to the palace in St. Petersburg. The coachman undoubtedly has been delayed. Can I find out if he’s waiting for her at the entry? I’ve wasted another hour and don’t know much more than I did before.

Then I notice that a clamped manila folder, chock-full of erratically organized papers, sits by her bed. The nursing home chart has arrived. She carries the diagnosis of degenerative brain disease. She has no short-term memory to speak of—nothing I can do about that. After an exhaustive review, I confirm that there’s not much else in the chart. She’s more of

a boarder waiting for nursing home placement than a patient in need of medical care. We'll feed her, attend to her personal needs, and hope that the social workers will manage to find a better place for her to live out her days than the home that so abused her that she had to be admitted here.

In the days that follow, a pattern becomes established. We finish rounds, and Mrs. Stepanovich finds me as I emerge from the last room, always with the same question: "Please sir, can I have a lemon?" Throughout the day, at every opportunity, it's more of the same. As time goes on, I grow less and less patient, sometimes failing to respond at all to her annoying whine. I find myself looking both ways before emerging from a patient's room. I skulk along the hallways like a frightened rodent. I walk quickly from destination to destination, my ears always tuned for the hint of the telltale shuffling sound behind me. When all else fails, I become rude. "You must leave me alone," I say sternly in what I hope is an authoritatively persuasive voice. It doesn't stop her, but I can tell by her beaten expression that I have wounded her. It makes me feel badly, but not so much so that I become more receptive to her constant intrusions.

Then one day, it stops. We're finishing rounds. It's become our pattern to put off the inevitable, so we save Mrs. Stepanovich for last. The bed is made and she's not in it. Her chart no longer hangs from the end of her bed. Has the miraculous happened? Has she been placed in another nursing home? I hurry to the nursing station, anticipating nearly gleefully that my torment has ceased. In fact, she died during the night. No evident cause.

But I understand why she died. It wasn't really "natural causes." She died of neglect. The sins of man against men can be expiated only by the sinner to the sinned. I missed my chance. I never can apologize to Mrs. Stepanovich. I should have gotten her the lemon.

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*Bruce Hillman is professor of radiology at the University of Virginia, chairs the cancer clinical trials cooperative group ACRIN, and is editor of the Journal of the American College of Radiology. "The Lemon" is his first published fiction.*

# Bear

*Sara Baker*

When I was two, my mother and infant brother and I  
stayed by ourselves  
in a cabin in Vermont.  
For Mother, it was heaven,  
away from the flat endless cornfields of the Midwest,  
back to the close embrace of New England mountains.  
She used a kerosene lamp, pumped her own water.  
There was an outhouse.  
My father left her there, but she was not afraid; she took in  
the dark green of the firs, the blueberry afternoons, the mauve  
sunsets.  
“The only thing I was afraid of,” she told me, “was bears.”

I watch a documentary on grizzly bear attacks.  
How a hiker, awe-filled in the silent pine cathedral  
sees, out of the corner of his eye,  
a dark shape that should move slowly  
but instead  
knocks him down with the force of a torpedo, sits  
on him, and proceeds to eat his head.  
The hiker hears the creature’s phlegmy breath  
as it tears his ear away, feels its nails raking his  
scalp, his hair rucking up like a bedspread thrown off  
carelessly, feels blood pouring into the snow, a warm  
pool of it by his cheek, seeping into the one eye left.  
He plays dead.

I remember that summer,  
Running in the grass, the hills rising up like waves.  
I remember a red kerchief, the soft ping of wind chimes,  
the rough wood underfoot, the fire in the stove.  
How Mother would bolt the door at night, a heavy board and iron  
latch affair, the soft scrape and thud of it. Then  
we were safe.

There are bears in the mountains. Mother was right to be afraid.  
Depression is a bear. I have strayed in the woods, now  
I am playing dead, holding on  
to what is still mine.

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*Sara Baker is a fiction writer, poet, and dramatist, and is at work on a new novel. Her journey with chronic illness has led her to create the Woven Dialog Workshop, [www.sarahtbaker.com](http://www.sarahtbaker.com).*

# If Only . . .

*Alvin Abram*

*I was asked in 1994 to speak to an audience of about four hundred donors at Baycrest Home for the Aged in Toronto about how my mother came to be there. I told a variation of this story, leading to the fact that love was not a word spoken in our home, and with my mother in the final stages of Alzheimer's, I regretted not telling her how I felt about her face-to-face. I would say the words to myself often but never had the courage to tell her. After I finished my story, I turned to my mother in the room, strapped to a wheelchair, body slumped forward, head down, and I finished by saying, "I love you, Mother."*

*To everyone's surprise, my mother raised her head and tried to stand. A photographer ran over and began shooting photographs. My wife undid the belt and helped my mother to her feet. She bowed to the people, smiled, and fell back onto my wife's arms. She was placed in her chair and strapped. The people and I were stunned, to say the least. My mother had not voluntarily moved in over a year. A few weeks later she passed away in her sleep at the age of ninety-two.*

I had hoped that when I met with the doctor, the news I would hear would at least offer me some hope. What I heard was worse than I had anticipated. "Is there any kind of medicine that might make a difference?" I whispered. The sadness in his eyes was my answer and yet I waited to hear his words, hoping the impression I had was wrong. It wasn't.

"No, I'm sorry, there isn't. If there were, I would have recommended it."

"How long?"

"It's a progressive illness. It varies with the individual. There'll be a steady decline in health. You've already seen some of it. It will become more obvious in time."

“And now . . . what do I do now?”

“Your mother can’t live alone anymore. She needs twenty-four-hour care. There will be times when she appears normal, but they will be short interludes and over time will occur less frequently.” His gaze dropped as if he, too, was finding it difficult to be the bearer of such bad news. “You knew this day would come.”

“I’d hoped it wouldn’t.” My voice trembled. “I don’t know if I can handle this.”

“I don’t think anyone ever can,” he said gently.

“My mother was very independent. What you’re asking of me will kill her.”

“She’s already dying. You have to come to grips with that.”

I fidgeted in my seat, trying to articulate what I was thinking.

“What is it?” he asked.

“I come from a troubled home. My father was not a loving person. My two brothers and I never realized my father’s expectations, and it was my mother who we went to for help. She was a loving mother who never once expressed the word *love*, but I knew she loved us. I never told her how I felt about her. And now, it’s too late.”

“You could still tell her.”

I shook my head. “The words would be meaningless to her.”

“You don’t know that.”

“Do you?”

“No.”

I stood up.

The doctor pushed several sheets of papers toward me. “These are the places I would recommend. My advice is to move on this quickly.”

I shuffled the sheets together and folded them, placing them in the inside pocket of my suit jacket.

“Alzheimer’s is an illness we know very little about,” the doctor said. “No one knows if the patient can hear and is unable to respond or is no longer capable of understanding the spoken word. I’ve seen things happen that I can’t explain. Think about it.”

I nodded and left the office.

I sat in my car outside my mother’s building, unwilling to enter, knowing what awaited me in her apartment. I knew that no matter how long I

sat, nothing would change, but I was reluctant to leave the sanctuary of my car. I had made excuses for months, not wanting to admit what I was seeing. I refused to accept the truth, but the truth refused to go away. In my eyes, my mother had always appeared ageless. She was the rock that kept our troubled family together. And now, all I had were memories.

My public school years were fraught with mediocre marks, mostly because I had a short attention span. The teachers called me a troublemaker and the principal disciplined me often. I had few friends. At home, my tiny room that I shared with my younger brother became my sanctuary. When I came home from school, I would go into my room, close the door, and bury myself in a book. Reading became my universe. My mother sensed that books were where I hid from the pain of ridicule and taunts.

“What happens to you when you go to school?” she asked me one day. “I know you’re not a bad boy, so something must happen that I don’t know about.”

The words poured from me. “I dream,” I said, “I make-believe I’m one of the people in the book I’m reading. There’s adventure and I’m the hero. And there’s no pain.” She took my hands in hers. She always held my hands when we talked about a serious matter. European-born with simple Old Country logic, my mother was my friend and protector as I grew up. My father, when he was angry, would also use his hands. There were times she would place herself between us to prevent him from venting his frustration and anger on me. My father was half a foot taller than she and outweighed her, but she would stand her ground and he would back down.

“I dream at school too, When I do, the teacher’s voice disappears and I can see everything in my mind. When the teacher catches me, she makes fun of me when I tell her I was dreaming. Then she tells me to go to the principal’s office for disrupting the class. Everyone in the class laughs.”

“Do you know that dreaming is not real?” my mother asked.

“Yes, I know. Is that wrong?”

“No, it’s not wrong,” she said. “Just as long as you know it’s not real.” She smiled. “To be in one place while your mind is somewhere else is like magic. It’s a gift not everyone has, and those people who don’t have it won’t understand what is happening to you. But you must share your time with the present. Maybe some day you’ll be able to use your gift so that others can enjoy what you see in your mind.”

I didn't understand what she meant, but I felt better.

Life was hard for my family and we moved often. When I was eighteen, my father suffered a heart attack and died. I and my brothers left school and supported my mother, who was no longer a viable asset in her trade. Machines had replaced her and she was without an income.

I sighed. I had to go into the building. Sitting here in my car would not make what I had to do any easier. Deliberately, I felt myself get out of my car, go through the front door, and ride up the elevator to her floor. I had always loved coming to visit my mother. Her apartment rang with laughter, and all around the walls hung souvenirs of our childhood. She loved nature, loved to make things grow, and loved life. To visit my mother's apartment as an adult was to feel young. There were times I would invent reasons to come to her building—to eat her cooking, to have a no-nonsense conversation with someone I admired and respected. As I would tell her of my accomplishments, I could see the pride in her face as she realized that in spite of the pain I experienced as a child, I had put my life together. I had done that, but only because she had smoothed out the many bumps on the road I had travelled. My mother had shown the wisdom of Solomon by knowing her role was to guide, not to lead.

After she turned eighty, I started to see the changes in her, the early signs of the illness that was to come. Her once spotless apartment began to be neglected, her clothes were unwashed, and her conversation became increasingly stilted and broken. I made excuses not to come, but she always asked for me.

The elevator stopped and I walked reluctantly towards her apartment. A mezuzah hung beside her door to bless those who entered, but I did not feel blessed by what would confront me. A house is not a home unless there are memories, she would always say. Her home had always been filled with good memories, but now I hesitated at the door—not wanting to enter.

I knocked, even though I had a key, praying she would greet me with that familiar twinkle in her eyes. But all was silent. I hesitantly put the key in the lock and opened the door. She sat in the living room, on the edge of the couch wearing her nightgown and housecoat, hands clasped in front of her, her head bowed. The lights were off, but the sun shone through the window. The walls were covered with photographs and plates, each with a story she could no longer tell. There were scratches on the furniture that I

was responsible for, the clay sculpture on the floor with a chip on it where one of my brothers had broken it, the carving on the chest made by another brother—all loved, all cherished, now only objects without faces, without history, without substance.

I prayed she would turn her eyes towards me, but she appeared unaware of my presence. I turned on the lamp. Still no sign that she was aware that I was there. I had hired a woman to keep my mother company, to care for her, feed her, and prevent her from doing herself harm during the day. Meeting with the doctor had made me late. The woman had already gone home. She never made much effort to keep the apartment clean and I began to straighten up the room, feeling my mother's eyes following me. There was an odour of decayed food and I found it in the knitting basket she no longer used. Lately, she had begun to hide food.

I sat down beside my mother and placed her hands between mine as she used to do. She looked at me and smiled, and I smiled back.

"Hello, Mom, how are you?"

She did not answer.

I began the ritual of my visit by telling her about my day's activities. I told her she would soon be a great-grandmother. Her granddaughter was pregnant. I told her that her other two sons would be coming tomorrow to see her. Her eyes blinked and a tear slowly ran down a cheek. I couldn't find the words to tell her what the doctor had said.

She looked at me and smiled. "Where's my mother?" she asked.

She asked the same question every day. "She's gone out for a little while," I answered. "She'll be back soon. Don't worry."

I felt the pressure of her fingers on my hands; her skin was tough as leather, creased and marked by a lifetime of work on the sewing machine. It was her income that always supported the family. My father never made enough to make ends meet. The look on her face did not change as I waited for the next question.

"Do you know my mother?" she asked.

"No, but I know a lot about her. She's a nice person, just like you."

Her head bobbed ever so slightly in agreement. She had not looked at me when I spoke, and I wondered if she knew what I had just said.

"Who are you?" she asked.

"I'm your son."

She raised her head and stared at me. "Do we know each other?"

"Yes, very well."

She smiled.

I watched as her head slowly dropped and her gaze fell on the floor in a sightless stare. The smile had slipped from her face. I knew I had lost her again. I led her to her bed, removed her housecoat, and helped her lie down. After I covered her with the comforter, I leaned over and kissed her good night. As I headed for the door, I stopped to look back at her. She lay still, lifeless, looking so fragile. Time no longer existed for her. At least not the time I knew.

I turned off the lights and left, locking the door behind me. In the morning the woman from the agency would come, and what had taken place just now would not be remembered by anyone but me. Alzheimer's is painless for those who have it, but not for those who remember how things used to be.

I returned to my car and stared up at her window.

If only . . . she knew how I felt.

If only . . . I had said the words when she could have understood.

"I love you, Mother," I said aloud. "Can you hear me?"

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*Alvin Abram has published seven books and over thirty short stories and articles. He was nominated for the Arthur Ellis Award for best first novel in 2002 and won the International BookAdz Award in 2005.*

# Writing Medical Fiction

*Daniel Kalla*

As a reader, I never had much enthusiasm for medical thrillers. That is not a comment on the quality of writers in the genre, some of whom I consider terrific. But I read largely for escapism, and it never felt like much of an escape from my day job to read about smarter doctors working in better hospitals than mine.

So when I launched into my own writing adventure (I'm not quite confident enough to call it a career yet), I never set out specifically to write medical fiction. The first piece I ever wrote—co-wrote, actually, as it grew from an assignment in a screenwriting course that two friends and I signed up for on a whim—was a black comedy that had no medical characters.

When I turned my attention to novel writing, I recognized that I had little to offer over countless other more experienced writers. But I did have the “medical gimmick.” I had peeked behind the curtain. And I don't think you have to look much further than the listings in *TV Guide* (*House*, *Grey's Anatomy*, *ER*, and on and on) to appreciate how mystical the world of medicine is to people looking in from the outside. I realized early on that it gave me a slight leg up in a market that is as competitive as any, in landing and hanging onto a publisher.

Just as importantly, it was a world I knew I could describe with credibility.

The more I wrote, the more I realized that, gimmick or not, fictionalizing medicine is something I enjoy. And it has inherent challenges. Knowledge of the material is only the start. For me, the “art” of medical fiction is being able to convey the settings and information so the reader understands, does not feel condescended to, and most importantly, is not bored.

When it comes to fiction, whether you are writing romance, literary fiction, westerns, or erotica, the only way to engage a reader is to create characters and plot that compel (okay, erotica might be the one exception where story is not as crucial). When I began, I made the mistake of thinking that the medical setting and storylines were the essence of a good medical thriller. Not so. The medical background colours the story and setting, but it cannot replace or compensate for missing character development or story arc. I learned this the hard way through two rejected manuscripts. But I am a better writer for the experience.

For me, one thrilling aspect of medical fiction is that the genre presents endless directions and styles in which to write. My first two novels, *Pandemic* and *Resistance*, are thrillers dealing with a bioterrorist threat and a drug company conspiracy, respectively, both of which play out on a global stage. My next two novels, *Rage Therapy* and *Blood Lies* (to be released in June 2007), are psychological thrillers, whodunits, that bear little similarity to the first two books. And I'm now doing research for a historical war novel involving a displaced Austrian surgeon during World War II.

To me, that is the beauty of medical fiction: the unlimited possibilities of storylines and voice, which can still be flavoured with the unique perspective of the writer's medical knowledge and experience.

People have asked me if I would be a writer without having first become a doctor. Would I have found stories to write? Would I have found a publisher willing to publish me? In truth, I don't know the answer. And to be honest, I don't care. In my case I have come to realize that writing and medicine are inseparable.

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*Daniel Kalla, who is married and the father of two young girls, works as an emergency room physician at an urban teaching hospital. He received his MD from the University of British Columbia.*

# Nocturnal Enuresis

*James Dwyer*

I'm sitting at my desk eating lunch when the chief resident in pediatrics calls. "Dr. Dwyer," she says in her deferential way, "we have a case that might interest you. It raises ethical issues, and we need to get clear about these issues before we talk to the parents again."

She tells me a bit about the case, and then says, "I'd like you to talk to the people who are most involved: the resident, the attending, and the psychiatrist. I'll give you their beeper numbers."

I tell the chief resident that I'll do my best. But doing that might take most of the afternoon. It's never easy to track people down, and it's always better to meet with them face-to-face.

I wasn't surprised that the chief called me. I meet once a month with the pediatric residents to discuss ethical issues that they encounter. Most of the cases involve very ill children in the hospital—neonates born at twenty-six weeks gestation, children infected with HIV, adolescents with cystic fibrosis. But this case is different. It has to do with home remedies and complementary medicine.

I recalled home remedies from my own childhood. In my family, two treatments were accorded great respect: vitamin C and Vicks VapoRub. At the first sign of a cold or sore throat, you popped a 500-mg tablet of vitamin C into your mouth and kept it there until it dissolved. Linus Pauling believed in vitamin C, and he won a Nobel Prize in chemistry. The part about letting it dissolve in the mouth was my father's innovation. The ascorbic acid fights the germs on contact. Or so he believed. Now, thirty years later, it seems like a bad idea to let an acid dissolve next to your teeth.

The other remedy was Vicks VapoRub. If you had a cold or cough, you rubbed Vicks on your chest and throat, tied a large handkerchief around your throat—in cowboy style—and let it work its magic. That smell always made me feel better. My father liked the smell so much that he used Vicks as snuff. He dipped his finger into the dark-blue jar, collected a small amount on his fingertip, and inserted it into his nostril.

Thinking about my own family brought a smile to my face, but I needed to focus on this family. I paged the attending, and he called me back promptly. Since he was heading off to lunch, I arranged to meet him in the cafeteria. We found a table in the corner, where we could have a little privacy.

“We all cause our children some grief,” he told me. “If not grief, at least embarrassment and conflict. I won’t let my son dress the way he would like. He’d like to wear his pants ten sizes too large, so they fall off his butt, and a T-shirt big enough for a sumo wrestler. But I won’t let him. I have an idea of what’s good for him, and I impose it on him. That’s what parents do.”

“But can’t you present the evidence and get the father to modify his idea of the good?” I asked.

“It takes more than evidence to get people to change their minds. Of course, we’re going to keep talking to the father. But when I suggested that we work with him, the resident called that collusion.”

“You mean the herbal remedies?” I asked.

“No, everyone agreed those were worth a try. We got the father to substitute a harmless concoction for his home remedy. We had him dissolve a vitamin C tablet in equal parts of apple juice and barley tea.”

“The magic of vitamin C,” I said in a low voice.

“Well,” Dr. Peters said, “the father wasn’t convinced of its magical power. The boy liked it and stopped wetting his bed. But the father reverted to his old practice and the nocturnal enuresis returned. So now we need to try stronger medicine.”

“Is there some medication to prevent bedwetting?” I asked.

“No drugs,” he said. “Pure Pavlovian conditioning.”

I remembered Pavlov and Skinner from my college psychology course, but I didn’t know what he meant. He explained the alarm system that rings when it detects water. It conditions the child to stop wetting the bed. From his description, it seemed pretty effective.

“But where do you draw the line?” I asked. “Is there a point where our concerns should override parental authority?”

“Look,” he said, “if we have a reasonable suspicion of a serious problem, then we report it. But there’s a cost to reporting. It traumatizes the family and destroys the relationship between the doctor and the family. The extended family finds out, neighbours find out, church members hear about it. It’s always a big mess. Maybe in Sweden they report a case like this, but by New York standards this isn’t serious. The boy is well fed and doing well in school. There’s no physiological harm. The father’s home remedy is not much more than a saline solution. I view his practice as an alternative attempt to enhance the immune system. With this kind of problem, we can work with the family.”

I went back to my office and called the psychiatrist who consulted on the case. He told me to come by his office at 3:00. When I got there a few minutes early, he seemed eager to talk about the case.

“So here’s the problem,” he began. “You love your father and want to be an obedient son. But you’re sensitive to social norms, and what your father asks you to do breaks a taboo. You don’t consciously rebel, because that’s not obedient and loving. But you don’t do what he asks, because that’s disgusting. You unconsciously find a way out. You wet your bed.”

“Makes sense,” I agreed.

“As you know,” he told me, “the father is a bit rigid and dogmatic. He was talking to a church member who has similar ideas about health foods and complementary medicine. Every morning this man collects a half cup of his urine and drinks it to recapture minerals and immunity. He claimed it worked wonders. The father tried it and felt great. So he decreed that everyone in the family would follow this practice and reap the benefits. Every morning the father, the mother, the twelve-year-old sister, and the nine-year-old boy collect their own urine and drink a half cup. Everyone tolerates it well, except the nine-year-old. He began wetting his bed at night.”

“The perfect solution,” I said.

“Yes, you want to obey your father, but you don’t want to drink that smelly, disgusting urine. So you wet your bed at night. Not consciously and deliberately, but unconsciously. Brilliant. People are unconsciously intelligent.”

“But will there be any long-term psychological harm?” I asked.

“Hard to say. We know that the boy is responding to a psychological conflict. But we don’t know how persistent the father will be, how resource-

ful and resilient the boy will be, and how people will adapt. There are just too many unknown factors.”

“How would you rate the conflict?” I asked. “I mean is it mild, moderate, or severe?”

“I don’t trust my own judgment. Last year I was working in Bosnia with Doctors without Borders. None of this seems so severe anymore.”

The last person on my list was the resident who followed the case from the beginning. I called her and agreed to meet her at the out-patient clinic when she finished there at five o’clock. When I saw her, I recognized her from the monthly conference. An active participant and serious person.

“We did everything right in this case,” she told me. “We established a good relationship with the boy and his parents. We listened to everyone’s concerns, spoke to the boy alone, and tried to determine the root cause of the problem. We were non-judgmental and tried to work with the family to find an acceptable alternative. But now we’re failing. We’re failing to live up to our responsibility as pediatricians.”

“What is your responsibility in this case?” I asked.

“Our first responsibility is to advocate for our patients. Mr. Lee is not our patient. Tony is. If we don’t stand up for him, who will? I know the father means well, in his stubborn way, but he is causing the problem, and we can prevent it.”

“But,” I said, “some people are suggesting that we need to respect parental authority and cultural diversity.”

“Please. This is not about cultural diversity. I know something about Asia and Ayurvedic medicine. This practice is not common in Asia. It’s just one of those crazy ideas that people get about health. Listen, I know all about multiculturalism. I live it everyday. My parents were immigrants from Bangladesh, with very conventional views about women. I grew up between two cultures. And after college, when I decided to marry a Caucasian man, my parents were so upset that they refused to attend my wedding. I think it’s going to take a grandchild to reconcile them. So I’m sensitive to cultural differences.”

“Dr. Peters told me that you objected to prescribing a bed alarm.”

“Yes, I did. First of all, I don’t think it will work in this kind of case. But we shouldn’t even try. I’m not going to treat the symptoms when we can eliminate the cause. Why should we help the father continue a practice

that is the root of the problem? That's collusion, and I'm against it."

"So what would you recommend in this case?" I asked.

"Tell the father again what is causing the problem. Then tell him, politely but directly, that if he continues his practice, we will have to report him to child protective services. He cannot continue to cause a medical and psychological problem."

After talking to the resident, I went home and made myself some dinner. But I couldn't stop thinking about the case. There must be some creative way to reconcile the different values, to show respect for parental authority and to look out for the boy's well-being. The staff tried that with the barley tea concoction, but the father reverted to his old ways. Maybe he just needs more time to see the problem and modify his practice. But how much time is reasonable? We can always hope that more time and talk will do the trick, but there are hard cases that call for clear decisions. But where should we draw the line? If this is a case of human stubbornness and bad parenting, where should we continue to try persuasion and education? Or is it a case of neglect and abuse, where society has a right to intervene?

While eating dinner, I remembered the epic struggle between my sister and my father. Over peas. Everyone knew the first commandment in our house: Thou shalt eat all the vegetables on thy plate. And the corollary: You sit at the dinner table until you do so. But my sister hated peas. And so the struggle began: her determined hatred against my father's perverse love. I kept score. The record was fifty-eight minutes. After sitting at the table for almost an hour, my sister slipped a spoonful of peas into her mouth and tried to swallow them without chewing. But she gagged and threw up on the dinner table. Score one for my sister. It took awhile, but my father outgrew his practice.

After dinner, I decided to call my sister. We hadn't talked in a long time.

I would like to thank Patricia Min, who first called the case to my attention, and Felice Aull and Deirdre Neilen, who provided me with valuable comments.

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# Brain Talk

*Lesley C. Weston*

The brain has no nerves and no vocabulary to speak of its distress, no means to describe the knowledge that a chunk of itself, herself, is missing. So it fills her head with sound effects remembered from B-grade horror movies. A nail on a chalkboard mimics the brain's primal fear of awakening changed, of feeling the intruder, a metal bug nesting in its folds. A raven tapping on a windowpane is her husband knocking against the membrane that holds her safe from his fear. A door creaking open whispers of pain attempting to sneak in where his love quivers on the bubble's surface, water dripping into a pail echoes the morphine itself struggling to repair the impending breach.

His voice reaches her: "When? How much longer?"

Part of her remembers the knife, the saw blade. Her brain hisses the sound of skates on ice.

The flesh on her face knows it was peeled like an orange, from deep in the hairline down to the cheekbone, and it pulls against the staples in revulsion. The brain interprets the skin's dread as the sound of a zipper opening.

Her skull knows a piece of itself is missing, replaced by a smooth metal plate. The brain interprets the skull's fissure as wind howling through a canyon.

Morphine rides the tail of that wind, and the brain, overwhelmed, drowns.

In the silence that follows, she hears his voice, again. "When will she wake up?" he asks. The question reaches her through the cold, as if yodelled by a climber lost in a blizzard. That woeful call repeats, and repeats, sending

a ripple of flame through the ice that blankets her brain. She would speak, she would answer, but her throat is frozen.

The brain struggles against the floe blocking the impulse, and with each minute success, each crack in the blockage, pain intrudes. She curls tighter and tighter inside the bubble that shields her, but inside her curling away, she still hears him calling her name. Hears him crying, and his tears are a hot trail, dots of fire that her brain follows forging a synapse to a voice. A voice, not his, but her own, telling her to fight. Fight now. It whispers the secret she's refused for years. It tells her that she is stronger than she knows.

"It's been too long," he says. His weariness works at the snow surrounding her, melting the fringes of her island.

The iceberg encasing her breaks, and in the flash thaw the pain tries to drown her. Her eyelids flicker against the shimmering light, glancing off the underbelly of a glacier lake. As she floats down again, she sees her husband's fearful face, his naked need, and his terrible love. It breaks through the surface, still calling her.

Her hand opens, and his hand is there. She squeezes, "I am here. I am here!"

She feels his breath on her ruined face.

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*Lesley C. Weston loves character-driven stories, and words more than food. Her stories have appeared, or will, in Smokelong Quarterly, Gator Springs Gazette, Flashfiction.net, Alien Skin, and Pisgah Review. She is finishing a novel and short story collection.*

# Two New Poems

*Brian P. H. Green*

## **When the Revolution Comes**

When the revolution comes  
they round up the poets first  
because there is something suspicious about words  
even to stiff men in dark glasses  
who are immune to irony  
and, anyway, not much inclined to read.  
But they forget that the word never dies  
and poets are always vain enough to memorize  
their verse.

And just how much could a poet hurt  
the *coup d'état*,  
with his harmless armamentarium of blank verse and a few blank pages  
and nonsense words and sentimental phrases  
about setting suns  
or love undone  
or kingdom come,  
against well-honed steel  
and point-blank guns?

### **A Man Chasing a Hat**

There is nothing so foolish  
as a man chasing a hat.  
Like a kite set loose in the breeze  
jerked by its invisible string  
you dart, start/stop, and weave  
and cut and veer and careen  
over uneven ground,  
a raggedy-ann man  
tumbling like crumpled paper.

You feel exposed,  
your naked head cold,  
your hair wild and wind-blown,  
like static charge  
—or what's left of it.  
And coming so close  
only to be snatched away by unseen hands;  
because a man in mid-life knows what it's like  
to be tantalized  
and exasperated.

Straw hats are hardest to catch,  
levitating weightless  
just out of reach.  
And broad-brims wheel crazily,  
like runaway hubcaps  
or Frisbees on speed.  
Ball-caps are as erratic as tumbleweeds,  
until they're flattened by traffic  
on impassable streets.

Chasing a hat is one thing.  
But what to do when you catch it;  
your snazzy piece all battered  
and humbled  
—the way a decent man muddles through.  
Do you wear it defiantly?  
Or take pity,  
and let it go free?

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*Brian Green, who practises emergency medicine in Thunder Bay, was raised in Toronto and graduated from Queen's University. He has taken a break from medicine to pursue his new-found passion for writing, among other interests.*

# Storytelling: A Magical Compulsion

*Peter Clement*

When I left the practice of medicine to write full-time, I didn't think I would last six months. The prospect of going from the engagement of meeting patients and the concrete reward of treating their problems to the isolation of writing and living in my own head day after day hardly seemed promising. But the zeal of telling stories continues to hold me in its power.

Indeed there is common ground between the two professions. As physicians we spend our days listening to patients tell us their stories. These, like all good tales, have a beginning, middle, and, for better or worse, an end. "The pain started when I was rushing to meet my wife's lawyer."

And of course we're trained to sum up someone with a few deft observations as the person walks into our office. The downcast gaze, the fidgeting of the hands, the telltale pouches under eyes—everything we instinctively document before a person says a word.

And as physicians we have a front seat from which to observe life, and death. The human experience is served up to us as our daily diet.

Then there are the pithy sayings that guide us in clinical practice: *Do no harm. Think horses, not zebras. For as long as it took them to get sick, is how long you have to make them well.*

Storytellers have golden quotes as well.

*Write what you know.* Certainly it's sound advice. Nothing makes me put down a book faster than to see a gross error in medical fact. But the

allure of creating fiction, I think, derives from playing *what if*, escaping the world as it is, and exploring what might be. Yet even there, the process is not so alien to the scientifically trained mind. I always choose as a theme some aspect of medicine that I find fascinating. In researching that field, whether it be stem cells, bioterrorism, genetic manipulation, drug-resistant pathogens, or emergent infections, I seek out leaders in the field and learn how they play *what if* as they look into the future. Whether in a lab, or on the pages of a novel, that's where the magic occurs.

*To be a writer, you must be a reader.* I find this to be the truest of the clichés. Somehow in visiting the work of others, a writer's own voice is liberated. I discovered that to be the case in my own career, having always been a voracious book-lover, reading one or two novels a week for as long as I can remember. But I was a slow learner. It was only in my late forties that the information filtered through enough to free my own imagination. During the time that I'm actually working on a book, however, I can't read anyone else, as subconsciously their style infects what I'm putting on paper. My editors can spot it instantly. *Here you were reading Chandler, and this must have been Dickens, and of course that's from Dennis Lehane,* they will tell me, slashing the revealing prose with their red marker. So the ironic downside of becoming a writer is that, having published seven books in seven years, I've never read so little.

*You can't have a good hero without a good villain.* This is my favourite. Choosing the evil-doer is always my first step in writing a thriller. One of the tried and true methods that I find most helpful is to look around the table when I'm at meeting, and ask my self, Who here, if what they held most dear were threatened, could commit murder? Most individuals evoke an immediate, No way. Very rarely, I find my self thinking, You bet, but I pass them over because an obvious killer has no place in a good mystery. Where it gets interesting is when I find myself hesitating before answering yes or no. Then I explore what traits in that person lead to my uncertainty about what he, or she, might be capable of if loved ones, reputation, career, or wealth might be threatened. I usually end up with an amalgamation of motives and personality flaws that can go into the making of a killer. At the very least, it passes the time at these interminable hospital get-togethers that we all must attend.

Finally, there is an obsessive quality to writing, just as there is in medicine.

But where the virtues of paying meticulous, consuming attention to minute details in tracking down a diagnosis are evident in medicine, the same can't be said of writing. Who among you would not be alarmed should a patient announce that he had given up a respectable career in favour of dwelling on malice and mayhem, holding imaginary dialogues with equally imaginary characters, and pounding out scenarios that raise the hair on the back your neck? (It's not for nothing that some of Steven King's best novels are about writers who lose it, like Jack Torrance in *The Shining*, although my personal favourite is the author protagonist Mike Noonan in King's underrated "Bag of Bones.") So what's the lure of storytelling? Part of it is the pleasure we all get from a good yarn, whether in the hearing or the telling. Who hasn't enjoyed a night around the campfire, enraptured by the excitement of wondering what will happen next as a creepy tale unfolds, then having your own turn to scare everyone? But I think there's more to it than just entertainment. There's a sharing of knowledge, of experience, a passing on of wisdom, especially in fiction, for, as I said, it invites us to consider what might be, and therein lies the passion, both as a reader and writer. But in mysteries and thrillers there's also the satisfaction of exploring justice. In some form or another, there is at least an articulation of right and wrong, even when, as novels tend to reflect our ever more ambiguous times, evil sometimes prevails. I like to think that in the reading and writing of such stories, it's possible to glimpse an order in the chaos around us, which is a ballast we all crave.

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*Peter Clement is the pen name of Peter Clement Duffy, a veteran of emergency and family medicine in Montreal at St. Mary's Hospital. He's published seven novels, the latest being The Inquisitor. See [peterclementbooks.com](http://peterclementbooks.com)*

# 911

*Diane Foley*

**I**n my mind, schizophrenia is the worst illness anyone can have. If you have diabetes, you know you need a shot of insulin a day, but when your mind is ill, you are unable to perceive what's needed.

Guy's illness was getting worse. He was filthy. He wouldn't bathe. As soon as he entered a room, you could smell him. His breath stank. He was getting aggressive. Even the way he walked stated, "Don't touch me!" He was the proverbial orangutan.

For whatever reason, I was always his target. The one he loved the most.

I would phone the Mental Health Division for help, but because of the Mental Health Act, unless a mentally ill patient is a danger to himself or to another, he cannot be hospitalized against his will or forced to take medicine. So I had to wait helplessly until Guy became so deranged that he was capable of attacking me or somebody else.

No mother should be made to watch her son become an animal.

Now Guy had decided he didn't want to sleep in his own place anymore. Instead he insisted on crashing on our chesterfield every night.

Part of this was due to his paranoia. He thought he was being watched by the CIA. If a plane went overhead, he would rush to hide behind a bush, or if inside, behind a curtain. He felt safer in our house at night, but we had gone through two weeks of this and Larry's patience was wearing thin.

If only Guy would just go to sleep, who would care? But no . . . instead he would have the TV on until 3 a.m., and the worst of it was that his body odour, like rotting garbage, would come wafting into our bedroom.

Sometimes we would jolt awake to the sounds of banging pots and his laughter, as he cooked up leftovers. That loud, manic, incessant laughter.

To say it was wearing and disturbing doesn't quite conjure it up. It was the laughing of a madman, and we lay awake night after night nervous and afraid, waiting for something insane to happen—*insane* being the key word.

I kept asking him to go home. He lived three minutes away in a cabin that Larry had renovated. The cabin was as cute as button with a beautiful walk-in glassed shower, unused. It boasted the usual bachelor setup with a kitchen, living space, and bedroom all in one room.

Perfect for Guy.

But Larry was spitting nails now. Angry because Guy had turned everything on its side. His bed was tilted with bricks underneath; all the pictures on the walls were askew. When you walked in, the sight stopped you dead in your tracks. Van Gogh came to mind! Maybe I should buy him an oil painting kit.

Davey wanted to take pictures of the room to enter in a photo competition.

"It's a work of art, in a weird way," he said. "I kinda like it. It looks so different. It's artsy-fartsy, Diane," his laughter making him choke on his cigarette, thinking he was cute at stealing one of my favourite expressions.

But Larry was not so forgiving, seeing the fridge had been turned on its side and was now ruined.

"How the hell did he get it over like that? he puzzled, hands on hips, looking at the fridge sideways on bricks. "Your son must be as strong as an ox!"

Now here was Guy again, belligerent, yelling at me in our living room. "I don't want the pope visiting here—do you understand?"

"Guy, the pope's visiting Vancouver. He's not coming over to the Island, I swear to you."

"You're lying!" Spittle on his lips, his eyes wild. "Religion is evil. The pope is evil—don't you get it?" He slammed his fist on the coffee table, making us all jump like acrobats.

Larry stood up. "OK, Guy—I want you to go home now. Just go home and calm down."

With one quick movement, Guy jumped over the coffee table and had Larry up against the wall, his hand on his throat. "Don't you talk to me like that, you asshole. This is my mother's house. I'm not going anyway."

He pushed away from Larry and smashed his fist into the wall, leaving a hole. “I don’t want the fucking pope here, and that is that.” His face was purple.

I stood trembling by the door. Larry was white as a sheet. I made up my mind and tiptoed down the hall and called 911.

“My son has schizophrenia. He’s not on meds, and he’s getting violent—please hurry.”

The police arrived in fifteen minutes. We could have all been dead.

They have a special police car for psychiatric incidents called Car 87. I had nicknamed it the Swat Team. Special police crews trained to handle psychotic behaviour were teamed up with a mental health nurse. Tragedy can still happen, and eight mentally ill people have been shot and killed by police in past years in BC.

Larry and I were questioned. Guy always keeps silent in front of the police, an internal radar system warning him to keep quiet.

The police finally took Guy away to hospital. They have to make sure that he is a danger to someone or himself, or the hospital won’t accept him.

We all sat around, shaken and unhappy. I could barely look at Larry. He had always been so patient with Guy. I hoped he understood that Guy was really fond of him. Difficult to explain that to a man who has just been attacked.

Ken and Mr. D were patting Larry on the back. “Come on, Big Man, let’s take you over to the Pat for a beer.”

Larry still looked so white and shaken. I went over to him.

“Thanks for not hitting him back.” I kissed him on his forehead. Though it would have been an involuntary reaction, Larry with his size and strength could have dropped Guy with one punch.

“Go on—have a beer with the boys. I’m ready for bed anyway. I’ve had enough of today.”

I lay in bed in a half twilight sleep. I had woken up thinking that I’d heard the front door open. Were the guys back from the pub already? I peered through the dim light.

A figure standing at the end of the bed, watching me intently, motionlessly. I felt the hairs stiffen on the back of my head.

“You bitch,” he said. “I’m going to off you—you bitch! You shouldn’t

have taken his side.”

I froze in the dark. It was Guy. Why was he here?

“What happened at the hospital, Guy? Why are you here?” I kept my voice normal. I didn’t want to trigger anything.

“They said I was OK. I am OK, you bitch!” he screamed the words so loudly, so viciously that my body jackknifed, lifting me off the bed. There was a glint of something in his hand.

Please dear God, let the boys come home soon, fast. Larry hurry! Then Guy walked out of the room saying, “I’m going to take a bath.”

He wasn’t allowed to do that in this house. Maybe, I thought, on some subconscious level he knew his lack of hygiene was tied in to proving the existence of his illness.

Only when I heard the water stop running and heard faint splashing in the tub did I tiptoe out of the bedroom to the hall. I strained in the dark to see the telephone dial and dialled 911. It seemed forever before someone answered. I went to talk and found my voice had left me. When I am on emotional overload that can happen. My throat was frozen.

“Help,” I tried.

Surely they could pick my address on their computer. Didn’t an incoming call pull up an address?

“Please speak up.”

“Attack,” I said. “Hurry,” straining to hear if sounds of water in the bathroom were still splashing.

“Your address?”

Dear God, didn’t they have computers in Nanaimo!

“55 Haliburton. Hurry, please.” My voice was the tiniest croak.

Last time the police had taken fifteen minutes to arrive. Oh God! I was so afraid. Maybe they wouldn’t get here in time. I hung up and called the Pat and asked the girl who answered to get a message to Larry or Ken, Ken being the best known there because of his singing on talent nights. My voice was still whispery but the waitress seemed to understand.

”I’ve got it. An emergency, tell them to get home fast.”

I could see through the kitchen that the bathroom door was ajar.

“Mum—what are you doing?” I froze. Act normal—don’t show any fear. Guy was out of the bath with a towel wrapped around him, dripping water on the kitchen floor, a carving knife held casually by his side.

“Get back to bed, you stupid bitch.” He was snarling, baring his teeth.

I heard the front door open, footsteps running down the hall, Larry’s arms coming out of nowhere grabbing me, the police coming in right after him, their bulk and their uniforms filling the kitchen.

They took Guy away, handcuffed, with just a towel around him. He was saying as they pushed him in the police car, “I just didn’t want the pope to come here! What’s all this fuss about?”

The phone was ringing. It was Guy’s mental health nurse, Karen. She explained why the hospital had not admitted him: “He holds it altogether so well at the hospital. He told them that he’d argued with Larry and it was just a family dispute. The admitting doctor bought into it. They are so strict about admitting someone unless they’re violent, and Guy talked to them softly like a choirboy. He’d had time to calm down while he was waiting in Emergency, and well . . . he pulled it off, Diane. It’s so frustrating. At least now they will admit him.”

“The whole system stinks—he needs help, and they worry whether he is really dangerous? I wonder what their definition of dangerous is.”

One day, I thought recalling the figure at the bottom of my bed, the police are going to be too late, and schizophrenia disguised as my son is going to kill me.

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*Diane Foley, a single mother of four children, lives on the Sunshine Coast of BC. Her eldest son was hit with schizophrenia at the age of seventeen. She is interested in world politics and loves to travel.*

# Last Words

*Dave Margoshes*

The day after his father's heart attack, Portman and his wife were on their hurried way to his bedside when, on the flight from Calgary to Toronto, he ran into a fellow he knew. Harris Yulin was an architect who'd been involved with a big civic redevelopment proposal Portman had covered for the paper a few years earlier, when he was still fairly new. The proposal was defeated in a referendum and, although Portman had gotten to know Yulin fairly well, he hadn't seen him since. The project had become controversial, a renewal of four square blocks around the old city hall, with renovation of that sandstone building, a new civic hall, a hotel, stores, an arts centre—the works. It would have cost a third of a billion dollars, with the city putting up half.

At the paper, it was acknowledged that Portman's reporting had been the decisive factor in the vote, and it had cemented his reputation as a digger, a rising star. There were too many discrepancies in the project, too many unanswered questions, too many benefits accruing to the developers, all thoroughly explored in his stories, which ran almost daily in the weeks leading up to the vote. Even the paper's editorial board, which had first supported the proposal, as did the mayor and most of city council, had been influenced by Portman's stories, and the editorials grew increasingly skeptical, the support lukewarm, eventually dissolving altogether. After the vote, his colleagues took Portman out for a drink, toasting him.

As for Yulin, his business hadn't suffered unduly as far as Portman knew, but he certainly didn't make the big fee he would have, or get the boost to his reputation, and he hadn't been involved with anything nearly as big since. At any rate, although Portman was still covering city hall, Yulin

wasn't mixed up with anything that had to come to planning commission or council, where he and Portman would have again crossed paths.

Yulin was a big affable sort of man, slope-shouldered, with a five o'clock shadow that usually began around three, and during the months when the civic project had been on the front burner and they'd seen each other frequently at meetings and had become friendly, he had suggested Portman and his wife come to his house for dinner some time, but he'd never followed through with an actual invitation.

Now Yulin was sitting three seats behind Portman and Donna on the wide-bodied Air Canada jet, in Economy rather than First Class or Business Class, where Portman would have expected him to be. Portman had noticed him during boarding but their eyes didn't connect and he wasn't sure if Yulin had seen him. After the seatbelt lights went off, he told Donna he was going to say hello to someone he knew. The stewardess was just starting her round with the liquor cart at the head of the aisle and he had a few minutes.

Yulin was in the aisle seat, reading a report propped up on the briefcase in his lap, a music headset over his ears. A man and a woman who looked to be a couple were in the other two seats, the woman by the window. They were engaged in conversation. Across the aisle, all three seats were filled as well, so there was nothing for Portman to do but stand in the aisle and lean in toward Yulin. The motion caught his attention and he raised his eyes, deep-set brown eyes that seemed both cruel and intelligent. He recognized Portman immediately.

"Dan," he said, noncommittally, with no warmth, enmity, or even surprise.

"Hi, Harris. I noticed you when we were boarding and thought I'd come back and say hello." Portman smiled. "Surprised to see you back here with the masses."

He meant it only as an innocent joke, but perhaps business was bad and he'd hit a nerve. "Fuck you," Yulin said. The man and woman beside him looked up simultaneously, mild surprise on their faces. Yulin turned toward them and, seeming to address himself to the woman, who wore her lustreless brown hair in an unflattering short cut, said, "Pardon my language."

"No big deal," the man said, although his companion didn't seem convinced.

She looked at Yulin, then up at Portman, as if trying to determine the source of an irritation.

Stung, Portman stood immobile for a moment watching this exchange between the seatmates. Then, without saying anything more, he turned on his heel and went back to his seat. The colour had drained from his face, and as soon as he sat down Donna leaned toward him.

“Something wrong, honey?”

“No, nothing.”

She gave him a close look but didn't press. A minute later, the stewardess was there and they were engaged in the business of getting their drinks. Portman wasn't a good flyer and he usually liked to have several drinks on a flight. He asked for a double Scotch, reaching into his wallet for a twenty-dollar bill for himself and Donna, who had ordered her usual glass of white wine. The stewardess also gave him a close look but then handed over the extra little bottle without comment, just a neutral “Here you are, sir.”

“There's something,” Donna said. “Who was that?”

“Just some guy I know from work. It's nothing, honest.”

She made a sour face but didn't say anything more. After a minute, she reached over and squeezed Portman's hand.

By the time they arrived in Toronto, he'd had four drinks, the initial double and three regular ones. He felt fine, but had a relentless craving for a cigarette, although he hadn't smoked for over a year. He stayed in his seat until Yulin had filed past, and in the terminal they had to move fast to get to their Montreal connection, so there was little chance of running into him again. The couple who'd been Yulin's seatmates were on that flight too, though, and, lining up to board, Portman noticed the woman looking at him. He gave her a weak smile and she looked away.

They got to Montreal around midnight, and Portman's mother was waving a greeting from behind the glass partition, looking haggard and years older than the last time he'd seen her, just a few months earlier, when he'd gone home for his father's sixty-fifth birthday. She had the expected brave face on, though.

“Daniel, Donna, over here,” she called, although she already had their attention.

“How's he doing?” Portman asked as they walked to the car through the almost empty, tomblike airport.

"He'll be glad to see you," was all she said.

He gave her shoulder a squeeze and, just for a moment, her stride faltered. He thought she was going to collapse against him, but she caught herself and walked on as if nothing had happened. Nothing *had* happened.

They drove in silence along the still busy 520 and down the 15 to Westmont, stopping at a convenience store on Sherbrooke so Portman could buy cigarettes, over Donna's objections. It was past one in the morning when they got to the house, the hedge-lined crescent where Portman and his father had played catch deserted and silent. His mother parked in the driveway, not bothering with the garage, and Donna and Portman carried their suitcases into the house where the dog, an ancient, grey-muzzled Bouvier, greeted them with noisy joy. She had been the family pet, Portman's really, since he was in high school.

"Daisy, get down," Portman's mother said, irritated.

"It's okay," Donna said, giving the dog a pat, and Portman leaned over and buried his face in the familiar smell of her fur, let her bathe him with her tongue. "You two," Donna said. Her voice was lighter than it had been all evening on the planes. She gave her short blonde curls a shake. She took her bag to the room she and Portman always stayed in, his old bedroom, then disappeared into the bathroom, leaving Portman and his mother alone in the kitchen, lit only by the small light over the counter. He put his hand on his mother's arm, and this time she did collapse, allowing herself to crumble against his chest, as if this were the moment she had been waiting for all day, the moment in which she could finally let go.

"It'll be all right," Portman said. It sounded lame even to his ears.

"I don't think so," she said. "Not this time."

They stood that way in the semi-darkness for a minute, her weight pressing on him like an unmet obligation, but the acceptance of that obligation was itself a payment, and when she pulled herself back and straightened, she had arranged a smile on her face, not just a brave smile. For the first time since they'd arrived she seemed to fully recognize her son, to be glad to see him. "Your father really will be happy to see you," she said. "I know he has something he wants to tell you."

In the morning, they had the simplest of breakfasts, juice and toast and coffee. Portman brought the still-unopened package of cigarettes to the table and placed it next to his coffee cup, as if challenging his mother

or wife to protest, but neither made a comment. Then, with Portman driving, they headed back into the city. He hadn't slept well, but he felt comfortable behind the wheel of the old sea-green Volvo, the same car he had learned to drive in over a dozen years earlier. The car had been new then, but Portman's father seemed to trust that nothing untoward would happen to it, and he'd been right: Portman had been a fine driver right from the beginning. The Volvo had held up, and although his parents could certainly have afforded a new car, they'd stuck with it. "The old beast still handles well," Portman said by way of conversation, but his mother, who sat beside him, with Donna in the back, gave him a puzzled look. "The car," he added. "Still drives fine."

"Oh, yes," his mother said absently.

At the hospital, Portman dropped the two women off at the main entrance. Walking back from the parking lot through the bright August sunshine, he could feel his chest tightening, a not-altogether unpleasant feeling, and he paused for a moment to take a deep breath and will his heart to slow. He reached for the cigarettes in his jacket pocket, tore off the cellophane and aluminum foil, and tapped a cigarette out, the first one he'd held in his fingers in many months.

It wasn't just in driving that his father had shown his trust in Portman. Even as a teenager, young Dan had felt he was treated as an adult, with respect, and allowed to make his own decisions. "Make your own mistakes—God knows, I made plenty of my own," his father told him more than once. "Make your own mistakes, and you'll get all the credit for your successes." But the elder Portman had been disappointed when his son chose journalism school rather than following him into law, been disappointed when he'd moved west, been disappointed even with Donna, who was a student nurse when they met. He'd never expressed any of this disappointment, though, showing pride over his son's successes and genuine affection for Donna eventually, and Portman really only knew of his father's feelings through intuition. There was something in his father's eye, some hesitation, something unsaid between them that troubled Portman, but he felt incapable of dealing with head-on.

Still, he knew he retained his father's love and trust. This slender bond of confidence made the arguments the two men had had in the last few years all the more hard to understand for Portman, all the more frustrating.

They were petty arguments over trivial things, politics and sports, the objects of the disagreements clearly not their true source. They'd even argued, the last time he'd been home, over the dog—Portman liked to give her treats, his father disapproved. Portman and Donna had discussed the possibility of his father suffering from the early stages of dementia, perhaps even Alzheimer's disease; whatever it was had perhaps been brought on by a mild stroke a few years earlier that had seemed to leave no lasting damage, or the pair of mild heart attacks, clearly warnings of something more serious to come. At his father's birthday party, he recalled now, Portman's innocent question at the dinner table about his father's health had led to a long diatribe from the older man about the state of health care in the country. Portman, again innocently enough, replied that it was father's own beloved Liberals who were largely to blame.

"That attitude would please your own beloved Stephen Harper, I suppose," his father shot back, giving Portman a penetrating glance, then turning back to his plate.

"I have no more idea what would or wouldn't please Stephen Harper than you do, and you know it," Portman retorted. He would have said more, but he could feel Donna gently kicking him under the table, and when he glanced at her, he saw her milk-chocolate eyes narrowed in what he knew was a secret smile.

Thinking of all that again, Portman put the cigarette to his lips, picturing himself lighting it and drawing smoke greedily into his lungs, feeling the satisfied tightness, then realized with an embarrassed start that he had forgotten to get matches. He crumpled the cigarette in exasperation and threw it away. As he approached the hospital entrance, he noticed a tramp in a ragged overcoat patrolling outside the main doors and gave him the package. The urgent need had passed.

He found his mother and Donna in the gift shop near the elevators, buying a copy of the *Gazette*. "He likes me to read the headlines to him," his mother explained.

"I could do that," Portman said.

They took the elevator to the cardiac unit in silence, sharing it with an elderly East Indian couple who stared resolutely at the floor. Portman found himself gazing with intensity at the swirls and folds of the design of the woman's sari, losing himself. When the door opened on the third floor, the

couple seemed confused, getting out of the elevator but then immediately spinning around and re-entering it, bumping into the Portmans as they attempted to exit. Portman felt an odd sensation in reaction, a mixture of irritation and amusement.

His mother led the way down the hall and around a corner. At the nursing station, a stout woman in a faded pink pantsuit uniform gave them a cheery greeting. Turning to Portman, she announced in a hearty voice, "And this must be the prodigal son."

Portman smiled weakly and followed his mother into the room. Donna held his hand tightly. He had the folded newspaper in his other hand.

His father's eyes were closed and his breathing was so shallow as to be all but imperceptible. Portman's mother went right up to the bed and took her husband's hand in hers, reassuring herself. When she looked up, there was a glimmer of light in her eyes. "He looks a little better today."

Portman took up a position on the other side of the bed, with Donna slightly behind him. "Hello, Dad," he said, although it seemed unlikely his father could hear him. For several minutes they all stood there, their heads bowed as if in prayer, but their thoughts were directed downward, not up. Portman's father lay motionless but, as Portman's eyes grew accustomed to the intense artificial light, he gradually was able to make out the feeble rise and fall of the older man's chest.

"Donna, dear, let's have a cup of coffee," Portman's mother said and, before he could protest, Donna gave his hand a good-bye squeeze and the two women retreated from the room. Portman continued his standing vigil for another minute or two, then looked around for a chair. There was only one in the room, squatting stiffly against the opposite wall like a silent observer. It was heavy bottomed and upholstered with worn, thinly padded green plastic.

He pulled it over, seated himself as comfortably as he could, and reached over to hold his father's dry, whispery-skinned hand, brushing aside the tangle of electric wires in which his father was enmeshed. The hand was cool, but not cold. He looked again at his father's chest to reassure himself. The elder Portman had always been vigorous; now he seemed to be possessed by an odd fusion of robustness and fragility.

After a few minutes, the stout nurse in pink came in and checked the readings on the electrocardiograph. She gave Portman a distant smile but

said nothing. She made a notation in the chart.

“He’s not in a coma, is he?” Portman asked.

“No, no, he’s just sleepy today. He was awake a lot yesterday. He had a little broth for breakfast, then he went back to sleep. He was asking about you before. He’ll be around in his own good time.” The last sentence was pronounced in a slightly severe tone, as if the nurse was accusing Portman of wanting things to happen on *his* schedule.

“Good,” he said. “Thanks.”

He sat in silence for several minutes, his thoughts familiar and predictable. A family trip to Disneyland, another, just he and his father, to a northern lake for fishing. The ivory-handled razor his father had presented him with on his thirteenth birthday. A cheese sandwich the two of them shared one summer evening, when Portman was sixteen or seventeen and had crept into the house way past his curfew to find his father up and waiting, but not angry. Inexplicably, he could taste that cheese on his tongue now. Then his mind wandered and he found himself thinking of Harris Yulin, of possibly getting in touch, but he wasn’t sure which one of them owed the other an apology. The craving for a cigarette—that sweet sharp needle in the lungs—surged through him again, then just as quickly subsided.

He thought of his mother’s comment that his father had something to say to him. Advice? Apology? Or something small but practical, like the location of a safety deposit key. Portman had no idea.

He had laid the folded newspaper on the foot of the bed when they entered. Now, he unfolded it and arranged it on his lap, scanning the front page. The doomed Russian submarine, the Toronto doctor who’d leaped in front of a train with her baby, rising gasoline prices. “Hope fades for submariners,” he read aloud, immediately regretting it. He skipped over the story on the subway woman. “Gasoline prices continue upward creep. Ottawa insists it’s not to blame.”

He opened the paper to page two. His mother had said the headlines, but what harm would it do to go further? “Here’s today’s bright spot,” he said, and he read the brief item of a dog that had made a long journey to be reunited with its owner. There was a photo of two children feeding a hippopotamus at the Montreal Zoo. He described the photo and read the caption. On page three there was a story, which he read in its entirety, about the retirement of a judge he was sure his father knew. On the next

page, there was a piece from Calgary about a toddler abandoned in a supermarket, a story some of Portman's colleagues had been working on. The mother had been identified and it looked like the story was heading toward a happy ending. "Here's one from my town, Dad," Portman said, and he read the whole thing, annotating it with insider commentary. For the first time since his mother's phone call, more than forty hours earlier, Portman felt himself relaxing slightly, as if he'd had the cigarette after all and it had done its trick.

By the time his mother and Donna returned, Portman was onto the sports page, reading the blow-by-blow account of last night's Expos game. If his father were conscious and sitting up in bed, they'd probably be arguing by this point, but he hadn't stirred. And it had already dawned on Portman that his father might not stir, that he might never get to hear his father's message, that he might go back out West without ever knowing what his father wanted to say, what might have been said.

"Oh, dear," Portman's mother said. She stood uncertainly in the doorway, seemingly holding her breath. Portman strained his ears for his father's breathing but it had become so quiet now as to be all but beyond hearing. Just a small, almost indiscernible movement of his chest betrayed the elusive breath, a flutter.

---

*Dave Margoshes is a Regina fiction writer and poet. His novel Drowning Man was published in 2003. He has published four collections of stories, and Bix's Trumpet and Other Stories will be out in fall 2007.*

# My Body Never Lied

*Barbara True*

## **The Doing**

and only you  
care enough to sew your own  
wet cellophane and plastic wrap

with stainless needle  
and iridescent thread,  
your warping mess  
tinted and transparent,

boring or mistaken,  
too conformist or  
underformed,

until you get a  
voice and self back  
to a new collection  
of critical people.

Even so,  
like a diagnostic ultrasound,  
the doing is more useful  
than the films.

**Named for Life**

I say my name again  
and again:  
Bar-bar-a.  
Declare it a first time:  
Bar-bar-a.  
Barbarian, foreigner, stranger,  
not a novocained, bubbling mistake.  
And I breathe, mere one of billions.  
Noting I use the word  
I too much  
makes me fade.  
Invisible poets  
get to keep I.

**Window Ledge**

brow sweat again,  
sick. chill air.  
pigeons  
stare.  
helpless moments before  
a next vomit,  
free-write mirth!  
old shame again.  
headless  
wings flap,  
no where to  
land, we are  
dumb things,  
girl child  
slapped poets.

**Rock Doctor**

Observe, feel,  
pointlessly, all.  
Exquisite large incomprehensible  
extreme sharp hurting all;  
cragged peak ancient mountain  
uncontrollable arterial bleed  
hemorrhagic fever help doctor my  
baby's dying all; we don't have  
any no one wants me we  
broke up yesterday and  
I can't stop crying all;  
I can't afford it they  
never visit I don't  
leave the house don't  
want to live help me  
don't help me I'm  
okay now  
(not) all; felt in the sternum  
like the bass at a rock concert,  
the slow parade.  
I got a good seat.

---

*American-born, adult rheumatologist Barbara True lives in Adelaide, Australia, with her husband and two children.*

# Second Round

*Nancy Richler*

**L**ike most desertions, it was unexpected. Gina awoke one morning to find her looks gone. Vanished. Replaced by a moonscape of enlarged pores, webs of pink veins, and discoloured pouches under her eyes. She was thirty-nine.

She had thought she was prepared, had already started watching for the thinning of the skin around her eyes, the softening of her jawline, the appearance of a fine, then coarse network of wrinkles and creases as her face folded itself permanently along the lines of her moods and personality. She had planned to be graceful about it, to accept the natural course of things, but this she hadn't expected. The suddenness of it, the ruthlessness—as if the hand of time had struck her one hard right across the face as she had slept undefended.

“Make-up covers a multitude of sins.” She could hear her mother's voice as she studied the damaged reflection. What she faced, though, seemed less a sin than a disaster area, a battlefield on which a war of attrition was being waged. She touched the skin under her eyes, lightly, gingerly, afraid it might break under her fingertip. It sprang back, purple, but still alive. She reached for the concealer cream, remembered she'd run out, and made a mental note to pick some up on her way home from work. Then she remembered she wasn't going to work that day.

She went to the kitchen to make tea. She never had breakfast the mornings of Sandra's chemo, but drank tea instead, cup after cup of clear tea, until it was time to go to the hospital. As she poured her third cup she noticed a crack running down the length of the teapot. A fine long crack,

just deep enough to allow the lead from the clay beneath the enamel to seep into the brewing tea.

She poured the rest of her tea down the sink and went back to her bedroom to get dressed. She always took extra care with her appearance on the days she had to go to the hospital. Faced with her reflection again, she closed her eyes. She pressed a hot washcloth against the discoloured pouches, then scrubbed lightly around the edges of her nose, taking care not to irritate the new webs of pink capillaries.

Her life hadn't prepared her for the demands it would make, she decided, not for the first time. Maybe no one's did, but she felt uniquely unprepared. "Spoiled" was how her ex-husband had put it soon after their wedding. Humiliatingly soon. Until then she had simply thought herself well loved. (My three jewels is what her father called her and her sisters, pleased and proud that his daughters were so pretty. And so lively—he had never liked morose women.)

"Happy enough," is what she told her sisters about her marriage after that, even after Pete's eye began to wander. "Happier than nothing," she changed her report when the rest of him wandered too. Would she and Pete have remained that way—happier than nothing—she wondered now? Would that have been the defining statement of her life when all was said and done? Happier than nothing?

Armchair questions, she decided. One of Pete's other women had gotten pregnant. Gotten pregnant and decided she wanted to keep the baby. Decided she wanted to keep the father too.

"Phillipa!" Sandra spat when Gina told her what was happening. "I've always hated pretentious names."

"It's not pretentious, it's English," Gina said. ("What's she like?" she'd asked Pete, imagining a cool, grey-eyed blonde. "I don't know," Pete shrugged. "Full of life," he said, managing to hit Gina twice with one statement.)

Their older sister Debra took Gina's hand. "What are you going to do?"

"I'm not going to do anything. He's going to leave me."

"You should get a job," Pete suggested when he was over one night dividing the books. They had just flipped a coin over a hard-covered copy of *Tale of Two Cities*, which was now sitting on Pete's pile, and were moving on to *The Prophet*—which Gina was prepared to fight for—when Pete asked how

she was doing. She responded by bursting into tears. "OK, I guess, all things considered." That's when Pete made the suggestion about the job.

"You're a smart woman, Gina. There's no reason for you to spend the rest of your life turning into your mother."

Gina stared at him, stunned for a moment.

"My mother has a husband and three daughters who adore her," she said quietly. It had been her fondest wish that she could turn out like her.

Gina did get a job shortly after that, as a receptionist at a veterinarian's. She found it difficult work.

"There's something about the dogs' lack of wariness when they first come in," she told Sandra one evening when they met for coffee. "That pathetically optimistic tail wagging. Not all the dogs, of course, but there was a spaniel this morning that was in for surgery, pretty major surgery . . ."

Sandra wasn't listening. She put down the coffee cup she'd been holding in front of her face and revealed that she and Paul had been trying to have a baby and she wasn't conceiving. "And now they want to send me for tests," she burst out.

Gina tried to reassure her that everything would work out fine, but they both knew that Gina had had the very same problem. She'd tried for years to get pregnant. Right up until the moment that Pete had told her Phillipa was full of life. "I'm sure it will turn out differently for you," Gina said. And it had.

At first they had hoped it was a mistake. Sandra was the youngest of the sisters, the prettiest, the liveliest. It had to be a mistake. Each time the phone rang in Sandra and Paul's kitchen, one of them would run to answer, hoping it was the hospital calling to say there'd been a mix-up, that one of the technicians had mistakenly attached Sandra's name to another woman's tumour. The hospital would apologize and the family would be forgiving, grateful for the second chance Sandra had been given.

But the calls that came from the hospital weren't about mistaken diagnoses. They were about pre-operative procedures and scheduling surgery. And the second chance that Sandra was given didn't come from some lab technician's mistake. It came from the chemical mixture they dripped into her arm for the next six months. And it lasted only a year and a half.

At 8:30 Gina called Sandra to see if she was ready to go. Paul said she was already waiting outside. When Gina rounded the corner she could see

Sandra standing alone on the sidewalk, her fuchsia coat the only splash of colour on the November street.

“New coat?” Gina asked as Sandra slid in beside her.

“I’m not sure about the colour.”

The colour was ghastly, grotesque even, against skin that had taken on such a yellow hue.

“I ran into Pete yesterday,” Gina said, to change the subject.

“And?”

“Phillipa had another girl.”

“When?” Sandra asked.

“Just last week. Apparently she has Pete’s chin.” Gina was about to joke that the chin was God’s way of punishing, but then she didn’t. Punishing who? Pete and Phillipa? The baby? And for what? And was that why things happened to people anyway, to reward and punish? This was the way Gina’s thoughts worked lately. She knew it was morose.

Their mother was waiting outside her apartment building. As was Debra. “Nice coat,” Debra said, giving Sandra’s shoulder a squeeze. “Only you could pull off a colour like that.”

The waiting room was fuller than usual. Many of the faces were familiar, but there were a few new ones as well. There were always a few new ones. “Cancer is a growth industry,” Sandra had whispered once, setting off a round of giggles, which they had tried to control, but couldn’t. As they stood at the entrance to the waiting room their mother motioned to Sandra to take the one vacant seat.

“You take it, Ma. I’ll have time enough later to sit.”

“No, you sit, Sandra,” their mother insisted.

To cut the argument short, Debra took the seat. It was between two patients who always came on the same days as Sandra. Both liked to pass the time before their appointment by talking about their treatments, which was why Sandra didn’t want to sit there. Sandra wasn’t interested in her treatment anymore. It had been obvious for a while, though no one had mentioned it yet.

“I’d rather learn to fly,” Sandra had said, finally, just that morning on their drive to the hospital.

“You always were a daredevil,” Gina had responded, horrified to hear anger creeping into her voice.

"I dream about it a lot," Sandra said. "It's the same dream always: the earth, this incredible vivid green, falling fast and far beneath me."

In the rear-view mirror, Gina saw her mother's eyes.

*Can't you ever think of anyone's feelings but your own?* Gina almost burst out at Sandra. Sandra had always been the most self-centred of the sisters.

"You know we'll help you do anything you want to," Debra said quietly.

So Debra took the empty seat in the waiting room and heard about the nagging metallic taste in the man's mouth and the unusual fatigue the woman had experienced a whole five days after the last treatment. Debra recommended to the man that he try drinking peppermint tea, which he thanked her for as sincerely as if she'd suggested something that might help.

"There's another seat, Sandra," their mother said.

"You take it, Ma. Really, I'm fine."

Gina knew that their mother wouldn't take the seat while Sandra remained standing. There was nothing she could do about Sandra's lost hair or the nausea that overwhelmed her for days after each treatment, but she could at least remain standing by the entrance of the waiting room for as long as Sandra did. Gina took the vacant seat and waited for the nurse to call them.

The first time around they had all concentrated very hard during the treatments. Sandra had believed that it was important to imagine the chemicals entering her body, travelling to the farthest reaches, seeking out every last cancer cell and killing it. She'd kept her eyes closed the whole time the drip was in her arm, and whoever was with her closed her eyes too, adding her own focused concentration to the arsenal. This time, though, Sandra wanted to be distracted.

"How's the zoo?" she asked Gina as she lay down and offered the nurse her arm.

"Good. Fine," Gina said. She was actually amazed at how much she was beginning to enjoy the work. She had even recently begun thinking about applying to vet school, but it seemed tactless to say something like that to Sandra. Callous. "My allergies aren't bothering me in the least."

"Since when do you have allergies?"

The nurse cut in with a story about how she'd cured herself of a horse allergy years earlier by a mixture of diet and positive thinking. It was the type of story Gina didn't like. People were always telling Sandra stories about how other people cured themselves of everything from warts to brain tumours by thinking positive thoughts or eating food that no normal person would want to think about putting into her mouth.

Gina looked beyond Sandra to the window so she wouldn't have to see the last vial emptying into Sandra's arm. The tree outside the window had been in bloom when they'd started coming. A huge old chestnut, it was bare now. When Sandra finished this round, tight buds would be beginning to form again. The nurse finished her story just as she was ready to pull the needle out.

"You know what Debra said in the car?" Sandra asked Gina. "About helping me do whatever it is I want to do?"

"You're supposed to be resting," Gina reminded her.

Sandra was quiet for a few moments, then asked Gina if she'd seen *La Comtesse de Baton Rouge*. "Paul and I rented it last night. There's a character in it who's a human cannon. It's the coolest thing. She just climbs into the cannon, someone lights the fuse, then *wham*." Sandra's arm shot out from her body. "Can you imagine the rush?"

Gina knew some response was required of her, some acknowledgement that every word of Sandra's mouth now seemed to involve hurtling away from the earth at high speeds. All she could think of was the first time she had ever seen Sandra, all wrapped up in a pink blanket so only her little red face was showing. She reached for Sandra's hand. Sandra shut her eyes.

"Dad was holding you the first time I saw you," Gina said.

"Was I cute?"

"Not really. I'd been expecting you to be like a little doll, but . . ."

"Sandra smiled. "That bad?"

"No. Not bad. It's just . . . I didn't expect you to be . . . real."

Sandra nodded, her eyes still closed.

"Who lit the fuse?" Gina asked. "In the movie."

Sandra thought for a minute. "I'm not sure." She smiled again and looked at Gina. "Not her sister."

Sandra held onto Gina as they walked back down the hall. She wanted to splash a bit of water on her face, so Gina went with her into the bathroom

to splash some water on her own. The same face that had greeted Gina that morning stared back at her now. Beside her, Sandra washed her own face, which, at thirty-three, still looked young, despite the yellowish cast.

As Sandra started reapplying her make-up, Gina splashed some more water on her face. She had a quick flash of the waiting room on the evening after Sandra's second surgery. Their mother pulling at the hair around her temples, their father trying to soothe her with words too soft for Gina to hear. And Gina knowing in that instant that she'd never experience what it is to love or lose a child of her own.

"Ready to go?" she asked Sandra.

"Just one sec," Sandra answered, dabbing a bit more colour on a face that would never lose itself to the sorrows and relief of middle age.

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*Nancy Richler lives in Vancouver. Her most recent novel, Your Mouth Is Lovely, was published by HarperCollins in 2002, and won the 2003 Canadian Jewish Book Award and Italy's 2004 Adei Wizo Award.*

# Sixty-Five Films and Videos

**To Facilitate Group Discussion of Illness, Physician Identity,  
and the Doctor–Patient Relationship**

*Allan Peterkin*

Exposure to the humanities and the arts enriches doctors and other health professionals because it allows them to stretch their world view, to imagine experiences other than their own, and to reflect on feelings and thoughts that emerge. We live in an audiovisual culture that is hungry for stories in all of their emerging technological formats. Watching movies is something most physicians, medical students, and residents already do for entertainment. A number of innovative programs within medical schools in Canada, the United States, Europe, and South America have successfully incorporated the use of film clips or the watching of an entire film for educational purposes.

Here is a list of sixty-five film and videos that can facilitate individual or group reflection on patients' experience of illness, physician identity, and the doctor–patient relationship. Each title is followed by a very brief indication of the film's central theme.

*And the Band Played On* (HIV/AIDS)

*Article 99* (hospital politics)

*Awakenings* (coma, neurological care)

*Bethune: The Making of a Hero* (medical history)

*Betty Blue* (violence, personality disorder)

*Boys Don't Cry* (transgendered identity)  
*Breaking the Waves* (disability in a marriage)  
*Brokeback Mountain* (homophobia, gay identity)  
*Festen* (family conflict, sexual abuse)  
*The Citadel* (physician identity)  
*Cleo from 5:00–7:00* (waiting for medical results)  
*Common Threads: Stories from the AIDS Quilt* (HIV/AIDS)  
*Complaints of a Dutiful Daughter* (Alzheimer's)  
*The Cure* (HIV/AIDS in children)  
*Dancer in the Dark* (going blind)  
*Death of a Salesman* (aging, family conflict)  
*The Doctor* (physician identity)  
*Down Came a Blackbird* (PTSD)  
*Dr. Jekyll and Mr. Hyde* (aggression, the unconscious)  
*Extreme Measures* (hospital corruption)  
*The Elephant Man* (physical deformity, discrimination)  
*Fatal Attraction* (borderline personality)  
*Flatliners* (life after death)  
*Frances* (psychosis)  
*Frankenstein* (creating life)  
*Gattaca* (eugenics)  
*The Glass Menagerie* (loneliness, family dynamics)  
*Happiness* (family dynamics)  
*A History of Violence* (impact of violence on the family)  
*Hospital* (hospital politics)  
*Ikiru* (death and dying)  
*I Never Promised You a Rose Garden* (schizophrenia in a young person)  
*Kingdom* (hospital dynamics)  
*The Last Angry Man* (aging doctor)  
*Lorenzo's Oil* (childhood illness)  
*The Lost Weekend* (alcoholism)  
*The Madness of King George* (mania)  
*Magnificent Obsession* (surgery, physician identity)

- Magnolia* (modern stressors, forgiveness)  
*Marnie* (mental illness)  
*M\*A\*S\*H\** (military medicine)  
*Murmur of the Heart* (mother–son dynamics)  
*My Left Foot* (disability in the family)  
*My Life* (death and dying)  
*One Flew over the Cuckoo’s Nest* (mental illness, hospitalization)  
*Ordinary People* (family loss)  
*Outbreak* (epidemics)  
*Passion Fish* (paralysis)  
*Patch Adams* (comedy about physician identity)  
*Play Misty for Me* (stalking, violent relationships)  
*Philadelphia* (HIV/AIDS)  
*Resurrection* (healing)  
*Rope* (narcissism, antisocial personalities)  
*Scenes from a Marriage* (marital breakdown)  
*The Snake Pit* (dark history of mental illness)  
*Spellbound* (psychotherapy)  
*Sunday Bloody Sunday* (bisexuality)  
*Sybil* (multiple personalities)  
*Taxi Driver* (urban violence)  
*Terms of Endearment* (mother–daughter conflict)  
*Trainspotting* (urban violence, addictions)  
*Twelve Monkeys* (epidemics)  
*What’s Eating Gilbert Grape?* (family dynamics, caregiving)  
*Whose Life Is It Anyway?* (end-of-life decisions)  
*Wild Strawberries* (aging doctor)

---

Allan Peterkin is a Toronto psychiatrist and author of seven books on medicine and cultural history. He is a founding editor of *Ars Medica* and head of the Narrative Medicine and Humanities Program at Mount Sinai Hospital, Toronto.

## Guidelines for Submissions

1. E-mail submissions are preferred, with Microsoft Word attachments only.
2. Poetry should be typed single-spaced up to two pages, and prose double-spaced to a maximum of 3000 words.
3. We will not consider previously published manuscripts or visual art, and a signed statement that the work is original and unpublished is required. Copyright remains with the artist or author.
4. Payment will consist of copies of the issue in which the accepted work appears.
5. Please indicate word count on your manuscript and provide full contact information: name, address, phone number, fax, e-mail address.
6. Please submit manuscripts to [arsmedica@mtsinaion.ca](mailto:arsmedica@mtsinaion.ca)

## New Featured Section

### *The Creative Process*

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